

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P O Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only

Aquifer _____
Well # G-471
L. S. Elevation _____
E-log # _____

County Lincoln
Driller Larry Easley
Date drilling completed 11-27-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name Donald Campbell
Mailing Address 285 Saints Tel
Brookhaven, MS 39601
City State Zip Code
Telephone No. () _____

Well Location

Latitude 31° 34' 34" Longitude 90° 28' 43"
Method of Lat/Long (circle one) Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SW $\frac{1}{4}$, NW $\frac{1}{4}$ Sec 23 Twn 7N Rng 7E
Distance Direction Nearest Town
1 Miles S of Brookhaven

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started 11-27-05 Date well drilling completed 11-27-05

Flowing, method of flow regulation Valve _____ (Other (describe) _____)
Static Water Level 50 feet above or below (circle one) land surface Date measured 11-27-05

Method of Measurement (circle one) steel tape electric tape air line other _____
Rise depth 100 Well depth 80 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix
Casing length 60 feet Casing diameter 4 inches Type of casing PVC
Screen length 20 feet Screen diameter 4 inches Type of screen PVC

Screen slot size 012 inches Setting depth From 60 feet to 80 feet

Type of completion (circle all applicable). Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe) _____

Log of tap pipe or reduction in casing _____ feet If telescoped or more than one screen, describe on back of page

Log run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other _____

Name of organization running log(s) _____
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No Easley Waterwell 510

Signature of Water Well Contractor Larry Easley

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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P O Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

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Aquifer _____

Well # 2-411

Elevation _____

County Lincoln

Permit # _____

Installer LARRY EASTLEY

Date completed 11-27-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name Donald Campbell

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone No. (_____) _____

Well Location

Latitude _____ Longitude _____

Method of Lat/Long (circle one) Conventional Survey _____

USGS quad. Hand-held GPS. Survey-grade _____

_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____

Distance _____ Direction _____ Nearest Town _____

_____ Miles _____ of _____

Pump Type
Circle one

Air Lift _____ Jet _____ Submersible

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify) _____

Date Pump Installed 11-27-05

Rated Pump Capacity 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine _____ Gasoline Engine _____

Electric Motor _____ Hand _____

Windmill _____ Other (specify) _____

Horse Power Rating of Motor 1/2

Setting Depth: 70 feet

Number of Stages: 9

Pump Test Data

Date Well Tested 11-27-05

Static Water Level (A) 50 Feet Below Land Surface

Pumping Water Level (B) 55 Feet Below Land Surface

Drawdown [(B) - (A)] 5 Feet Below Land Surface

Test Pumping Rate 12 Gallons Per Minute

Duration of Pump Test (minimum 4 hours) 4 hours

Method of Measuring Water Level
Circle one

Air Line _____ Electric Measuring Line _____

Other (specify): _____

For flowing well, measured shut in head _____

Well yielded 12 GPM with a drawdown of _____

5 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Beiran Eastley 0-539
 Print Name of Pump Installer and License No. (if applicable)

Beiran Eastley
 Signature of Pump Installer

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