

State Well Report

Part I

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 # E-472
L.S. Elevation _____
E-log # _____

County Lincoln
Driller Larry Easley
Date drilling completed 11-29-05

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 Wayne Woods
Mailing Address 339 Hwy 84 W
Brookhaven MS 39601
City State Zip Code
Telephone No. () _____

Well Location

Latitude 31° 32' 03" Longitude 90° 30' 02"
Method of Lat/Long (circle one) Conventional Survey
USGS quad. Hand-held GPS. Survey-grade GPS
SE ¼ NE ¼ Sec 33 Twn 7N Rng 7W E
Distance 3 Miles Direction W of Nearest Town Brookhaven

Well Data

Purpose of Well (circle one) Domestic Industrial Public Supply Irrigation Fish Culture Other
Date well drilling started 11-29-05 Date well drilling completed 11-29-05
Flowing, method of flow regulation Valve (Other describe) _____
Static Water Level 80 feet above or below (circle one) land surface Date measured 11-30-05
Method of Measurement (circle one) steel tape electric tape air line other
True depth 240 Well depth 220 Well grouted to a depth of 10 feet
Type of grout (circle one) Cement Bentonite Mix
Casing length 200 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 200 feet to 220 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe) _____
Type 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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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)

For Office Use Only

Aquifer

Well # G-472

Elevation

County Lincoln
Permit # _____
Date completed 11-30-05

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 Wayne Woods
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 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 11-30-05
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
Setting Depth 120 feet
Number of Stages 12

Pump Test Data
Date Well Tested 11-30-05
Static Water Level (A) 80 Feet Below Land Surface
Pumping Water Level (B) 84 Feet Below Land Surface
Drawdown [(B) - (A)] 4 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 Stem
Other (specify) _____
For flowing well, measured shut in head _____
Well yielded 12 GPM with a drawdown of 4 feet after 12 hours of pumping

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

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

Brian Sasley
Signature of Pump Installer

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