

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 # 2-473
L S Elevation _____
E-log # _____

County Lincoln
Name Larry Easley
Date drilling completed 11-28-05

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

Name Donald Campbell
Address 285 Saints Ter
Beaokhaven 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 1/4, NW 1/4 Sec 23 Twn 7N Rng 7E
Distance Direction Nearest Town
1 Miles S of Beaokhaven

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other
Date well drilling started 11-28-05 Date well drilling completed 11-28-05
Flowing, method of flow regulation Valve _____ Other (describe) _____
Static Water Level 50 feet above or below (circle one) land surface Date measured 11-28-05
Method of Measurement (circle one) Steel tape electric tape air line other
True 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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G-473

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 # _____

Elevation _____

County Lincoln
 Permit # _____
 Installer LARRY EASTLEY
 Date completed 11-28-05

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 11-28-05
 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 11-28-05
 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
Larry Eastley 0-539 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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