

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 # J-23
L S Elevation _____
E-log # _____

Lincoln

Larry Easley

Drilling completed 11-26-05

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 Buddy Beeson

Property Address 1328 Fair River Rd

Brookhaven MS 39601
City State Zip Code

Telephone No. () _____

Well Location

Latitude 31° 33' 36" Longitude 90° 16' 58"

Method of Lat/Long (circle one) Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

NW ¼ SE ¼ Sec 13 Twn 7N Rng 9E

Distance 8 Miles 22 Direction E of Nearest Town Brookhaven

Well Data

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

Date well drilling started 11-26-05 Date well drilling completed 11-26-05

Flowing, method of flow regulation Valve _____ Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured 11-26-05

Method of Measurement (circle one) Steel tape electric tape air line other

True depth 40 Well depth 30 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length 10 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 10 feet to 30 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.

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

Larry Easley
Signature of Water Well Contractor

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JAN 05 2006

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)

For Office Use Only

Aquifer _____

Well # Y-23

Elevation _____

County Lincoln
Permit # _____
Installer LARRY EASLEY
Date completed 11-26-05

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 Buddy Beeson
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 11-26-05
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: 29 feet
Number of Stages: 9

Pump Test Data
Date Well Tested 11-26-05
Static Water Level (A) 20 Feet Below Land Surface
Pumping Water Level (B) 22 Feet Below Land Surface
Drawdown [(B) - (A)] 2 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 Steel Pipe
Other (specify) _____
For flowing well, measured shut in head _____
Well yielded 12 GPM with a drawdown of _____
2 feet after 4 hours of pumping

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

Larry Easley 0539
Print Name of Pump Installer (and License No. (if applicable))

[Signature]
Signature of Pump Installer

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JAN 05 2006

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