

# 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 # K-75  
L S Elevation \_\_\_\_\_  
E-log # \_\_\_\_\_

Lincoln

Larry Easky

12-5-05

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 Carolyn Halford  
Address 2538 Ramah Tel  
McCall Creek  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_

### Well Location

Latitude 31° 27' 51" Longitude 90° 37' 40"  
Method of Lat/Long (circle one) Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS  
NE ¼, NW ¼, Sec 29 Twn 6N Rng 6E  
Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
Miles \_\_\_\_\_ of \_\_\_\_\_

### Well Data

Purpose of Well (circle one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other \_\_\_\_\_  
Date well drilling started 12-5-05 Date well drilling completed 12-5-05  
Flowing, method of flow regulation Valve \_\_\_\_\_ (Other (describe) \_\_\_\_\_)  
Static Water Level 45 feet above or below (circle one) land surface Date measured 12-5-05  
Method of Measurement (circle one)  steel tape  electric tape  air line  other \_\_\_\_\_  
Rise depth 100 Well depth 70 Well grouted to a depth of 10 feet  
Type of grout (circle one)  cement  Bentonite  Mix  
Casing length 50 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 50 feet to 70 feet  
Type of completion (circle all applicable)  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
Other (describe) \_\_\_\_\_

Top of lap 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.

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

Larry Easky  
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)

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Aquifer \_\_\_\_\_

Well # K-75

Elevation \_\_\_\_\_

County Lincoln  
 Permit # \_\_\_\_\_  
 Installer LARRY EASLEY  
 Date completed 12-5-05

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 Carolyn Halford  
 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 12-5-05  
 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: 68 feet  
 Number of Stages: 9

**Pump Test Data**

Date Well Tested 12-5-05  
 Static Water Level (A) 45 Feet Below Land Surface  
 Pumping Water Level (B) 50 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

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

Brian Easley 0-539 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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