

State Well Report

Part 1 - Driller's Log

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 #: K121
 L. S. Elevation: _____
 E-log #: _____

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 7-9-11

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Richard Mcbeide</u> Mailing Address: <u>12 21 Roberts Lane SW</u> <u>Booneville MS 39629</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>31° 28' 23"</u> Longitude: <u>90° 33' 40"</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 24 Twn 6N Rng 6E</u> Distance Direction Nearest Town <u>8 Miles SW of BROOKHAVEN</u>
Well / Borehole Data Date drilling started: <u>7-9-11</u> Date drilling completed: <u>7-9-11</u> Hole depth: <u>200'</u> Hole diameter: <u>7 7/8"</u> Location of the source of any surface water used for drilling: <u>Well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 gallon per 300</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>		
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>110'</u> feet above or below (circle one) land surface Date measured: <u>7-9-11</u> Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____ Well depth: <u>185'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>165'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20'</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>010</u> inches Setting depth: From <u>165</u> feet to <u>185</u> feet Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole <input checked="" type="checkbox"/> Natural Development _____ Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>		

K121

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level: 2

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	10
SAND + GRAVEL	10	25
CLAY	25	165
SAND	165	185
CLAY	185	200

If more than one screen, show location of each on sketch

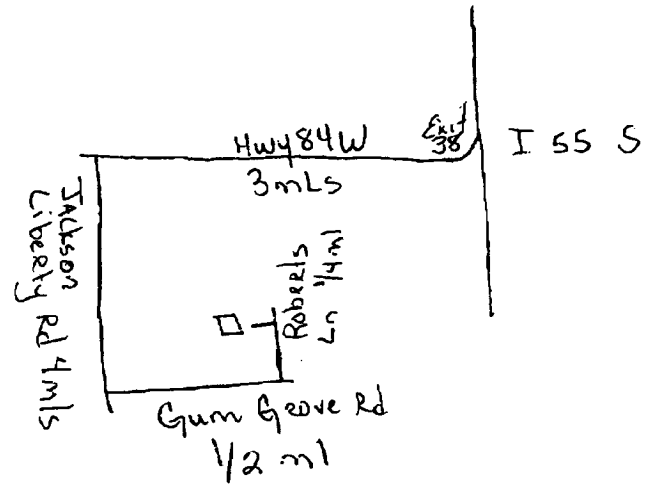
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Richard McBeide

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. LARRY EASLEY Date 8-7-11 Signature of Licensee Larry Easley



I S S S

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 #: K121
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 7-9-11
 Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Richard Mcbeide</u>	Latitude: <u>31-28-23</u>	Longitude: <u>90-33-40</u>	
Mailing Address: <u>1221 ROBERTS LANE SW</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Boone</u> <u>Chilton</u> <u>MS</u> <u>39629</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	SW 1/4 NW 1/4 Sec <u>24</u> T <u>6N</u> R <u>6E</u>		
Telephone No. () _____	Distance: <u>8</u> Miles	Direction: <u>SW</u>	Nearest Town: <u>Brookhaven</u>

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>7-9-11</u>			Setting Depth: <u>140</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>12</u>		

Pump Test Data		Method of Measuring Water Level	
Circle one		Circle one	
Date Well Tested: <u>7-9-11</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of		
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY EASLEY 510
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form: OLWR-SWR-1B