

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Lincoln
 Permit #: 510
 Driller: Lama Gosley
 Date drilling completed: 10-10-15

For Office Use Only:
 Aquifer: _____
 Well #: K1103
 L. S. Elevation: _____
 E-log #: _____

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Willie Price</u> Mailing Address: <u>302 Crippie Ln</u> <u>Brookhaven, MS 39001</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 30' 48"</u> Longitude: <u>90° 35' 02"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 8 Twn 10N Rng 10E</u> Distance Direction Nearest Town <u>7 Miles of Brookhaven</u></p>
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Well / Borehole Data

Date drilling started: 10-10-15 Date drilling completed: 10-10-15 Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: well
 Method of dosing and volume of Chlorine used in drilling and development: 1 gallon per 3000

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 10-11-15

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0000 inches Setting depth: From 110 feet to 130 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 next page*

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: K163
 Elevation: _____

County: Lincoln
 Permit #: 510
 Driller: Larry Easley
 Date completed: 10-10-15
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>Willie Price</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>392 Crippen Ln</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brookhaven MS 39106</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>10N</u> R <u>06E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10-11-15</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>9</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-11-15</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>Sonic Tester</u>
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>10</u> 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	

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This is for (circle one): **New Well** Replacement of Existing Pump Repair of Existing Pump

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

Larry Easley 510 Larry Easley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer