

# 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 # L-72  
 L. S. Elevation \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County Lincoln  
 Permit # \_\_\_\_\_  
 Driller Larry Easley  
 Date drilling completed: 12-22-04

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                  | Well Location                                                                                    |
|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| Owner Name: <u>Jerry Gayton</u>         | Latitude: <u>31° 30' 55"</u> Longitude: <u>91° 28' 52"</u>                                       |
| Mailing Address: <u>321 Chestnut Ln</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Berthram MS 39601</u>                | NE 1/4 SE 1/4 Sec <u>3</u> Twn <u>6N</u> Rng <u>7E</u>                                           |
| City State Zip Code                     | Distance <u>2 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>B'ham Hwy 84W</u>             |
| Telephone No. ( ) _____                 |                                                                                                  |

**Well Data**

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

Date well drilling started: 12-21-04 Date well drilling completed: 12-21-04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 12-21-04

Method of Measurement (circle one): steel tap electric tape air line other: \_\_\_\_\_

True depth: 120 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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 75 feet to 95 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs 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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 MAY 03 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 #: 4-72  
 Elevation: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: LARRY EASLEY  
 Date completed: 12-22-04

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                  | Well Location                                                                                       |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>JERRY Gayton</u>         | Latitude: _____ Longitude: _____                                                                    |
| Mailing Address: <u>321 Chestnut Ln</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Pharrah MS 39601</u>                 | _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____                                                   |
| City State Zip Code                     | Distance Direction Nearest Town                                                                     |
| Telephone No. ( ) _____                 | _____ Miles _____ of _____                                                                          |

| Pump Type<br>Circle one                                                                                    | Power Type<br>Circle one                                                                                             |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>    |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____                                                             |
| Other (specify): _____                                                                                     | Horse Power Rating of Motor: <u>1/2 hp</u>                                                                           |
| Date Pump Installed: <u>12-22-04</u>                                                                       | Setting Depth: <u>80</u> feet                                                                                        |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute                                                          | Number of Stages: <u>5</u>                                                                                           |

| Pump Test Data                                             | Method of Measuring Water Level<br>Circle one                                                        |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>12-22-04</u>                          | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>55</u> Feet Below Land Surface  | Other (specify): _____                                                                               |
| Pumping Water Level (B): <u>65</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                                                  |
| Drawdown [(B) - (A)]: <u>10</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>10</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.

Brian Easley 0-739P  
 Print Name of Pump Installer and License No. (if applicable)

Brian Easley  
 Signature of Pump Installer

**RECEIVED**  
 MAY 03 2006  
 BY: OLWR