

State Well Report Part I - 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)

County: Lincoln
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 9-18-13

For Office Use Only:
 Aquifer: _____
 Well #: L125
 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 as 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>Debra Stewart</u> Mailing Address: <u>1044 Eagle Trail</u> <u>Brookhaven MS 39601</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 30' 26"</u> Longitude: <u>90° 32' 47"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW <input type="checkbox"/> NW <input type="checkbox"/> Sec <u>7</u> Twn <u>6N</u> Rng <u>6E</u> Distance Direction Nearest Town <u>6</u> Miles <u>W</u> of <u>Brookhaven</u> ^{TE}</p>
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Well / Borehole Data

Date drilling started: 9-18 Date drilling completed: 9-18 Hole depth: 220 Hole diameter: 7 7/8

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, fill 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: 80 feet above or below (circle one) land surface Date measured: 9-20-12

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

Well depth: 205 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 006 inches Setting depth: From 190 feet to 205 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*

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 #: L125

Elevation: _____

County: Lincoln

Permit #: _____

Driller: LARRY EASTLEY

Date completed: 9-20-12

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>Debra Stewart</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1044 Eagle Trail</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brookhaven MS 39601</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 7 T. 6N R. 7E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand: _____ Tractor PTO: _____
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-20-12</u>	Setting Depth: <u>120</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
Date Well Tested: <u>9-20-12</u>	Air Line: _____ Electric Measuring Line: _____ <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</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 EASTLEY 510
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form OLWR-SWR-1B