

Pike

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 # H-174
L.S. Elevation _____
E-log # _____

County Pike ~~Franklin~~ 113
Permit # _____
Driller LL Easley
Date drilling completed 3-16-05

Easley Water Well Services

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

Owner Name Ricky Allen
Mailing Address 8019 Fernwood
Magnolia MS 39652
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 GPS
1/4 _____ 1/4 Sec 24 Twn 24 Rng 8E
Distance 0 Miles Direction E of Nearest Town Magnolia

Well Data

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

Date well drilling started 3-16-05 Date well drilling completed: 3-16-05

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

Static Water Level 75 feet above or below (circle one) land surface Date measured: 3-16-05

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

Hole depth 120 Well depth 120 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix _____

Casing length 100 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 100 feet to 120 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

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.

J. Easley
Signature of Water Well Contractor

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APR 13 2005
BY: OLWR

No Pump Run

STATE WELL REPORT

Part 2

County Pike
Permit # _____
Driller LL Easley
Date completed _____

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 # H-
Elevation: _____

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>Ricky Allen</u>	Latitude _____ Longitude _____
Mailing Address: <u>8019 Fernwood Rd</u> <u>Magnolia MS 39652</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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

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

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

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____

No Pump Run

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