

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5217
(601)360-0535 (fax)

County: BANKIN
 Permit #: _____
 Driller: LARRY EASLEY
 Date drilling completed: 8-27-09

For Office Use Only:
 Aquifer: _____
 Well #: A33
 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 of the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
 (Landowner if borehole is not for a water well)
 Owner Name: Joe Deaton
 Mailing Address: 8871 Hwy 25
LENA Miss 39094
 City State Zip Code
 Telephone No: _____

Well or Borehole Location
 Latitude: 32° 31' 30" Longitude: 89° 50' 40"
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE & NW 1/4 Sec. 24 Twn. 8N Rng. 4E
 Distance: 20 Miles Direction: E of Jackson

Well / Borehole Data
 Date drilling started: 8-26-09 Date drilling completed: 8-27-09 Well depth: 400' 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 gallons
 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: _____ feet above or below (circle one) land surface Date measured: 8-28-09
 Method of measurement (circle one): level tape electric tape air line other: _____
 Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 006 inches Setting depth: From 360 feet to 380 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 (Unless used or more than one screen, describe an ACEL BORE)

Form: OLWR-SWR-1A

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

County: HANKS
 Permit #: _____
 Installer: LARRY EASLEY
 Date completed: 8-28-09
 Case information from block on Part 1

For Other Use Only:
 Aquifer: _____
 Well #: A33
 Elevation: _____

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

Owner Name: Joe Deaton
 Mailing Address: 8871 HWY 25
LeNA MS 39090
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 32-31-30 Longitude: 89-50-40
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
NE 1/4 11 N 24 R 4E
 Distance _____ Direction _____ Nearest Town: JACKSON
20 Miles E of _____

Pump Type
 Circle one

Air Lift _____ Jet Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____

Power Type
 Circle one

Direct Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 180 feet
 Number of Stages: 12

Date Pump Installed: 8-28-09
 Rated Pump Capacity: 12 Gallons Per Minute

Pump Test Data

Date Well Tested: 8-28-09
 Static Water Level (A): 140 Feet Below Land Surface
 Pumping Water Level (B): 145 Feet Below Land Surface
 Drawdown (B) - (A): 5 Feet Below Land Surface
 Test Pumping Rate: 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one

Air Line _____ Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 12 GPM with a drawdown of
5 feet after 4 hours of pumping

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)

Larry Easley
 Signature of Pump Installer

Form: OLWR-SWR-1B