

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 # J-113
L S Elevation _____
E-log # _____

County Rankin
Permit # _____
Driller Larry Easley
Date drilling completed 4-8-05

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 Neil Masburn
Mailing Address 545 Lake Rd
Pelahatchie Ms. 39145
City State Zip Code
Telephone No. 601 854-2331

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 19 Twn 6N Rng 5E
Distance Direction Nearest Town
4 Miles N of Pelahatchie
Pelahatchie

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other
Date well drilling started 4-4-05 Date well drilling completed 4-8-05
If flowing, method of flow regulation Valve _____ Other (describe) _____
Static Water Level: 273 feet above or below (circle one) land surface Date measured: 4-8-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 660' Well depth: 570' Well grouted to a depth of 10 feet
Type of grout (circle one) Cement Bentonite Mix
Casing length: 550 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC wrap
Screen slot size: 0.06 inches Setting depth From 550 feet to 570 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): DEQ

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.

Larry Easley 510
Print Name of Water Well Contractor and License No.

Larry Easley
Signature of Water Well Contractor

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MAY 09 2005
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 #: J-113

Elevation _____

County Rankin
 Permit # _____
 Driller Larry Easley
 Date completed 4-8-05

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>Neil Masburn</u>	Latitude _____ Longitude _____
Mailing Address: <u>545 Wake Rd</u>	Method of Lat/Long (circle one): Conventional Survey _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Pelahatchie Ms. 39145</u>	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>6N</u> Rng <u>5E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>4</u> Miles <u>N</u> of <u>Pelahatchie</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Bucket	<input checked="" type="radio"/> Electric Motor
<input type="radio"/> Centrifugal	<input type="radio"/> Gasoline Engine
<input type="radio"/> Jet	<input type="radio"/> Hand
<input type="radio"/> Piston	<input type="radio"/> Natural Gas
<input type="radio"/> Rotary	<input type="radio"/> Tractor PTO
<input type="radio"/> Turbine	<input type="radio"/> Windmill
<input type="radio"/> Flowing Well	Other (specify): _____
Other (specify) _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: <u>399</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-8-05</u>	<input type="radio"/> Air Line
Static Water Level (A) <u>273</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B) <u>399</u> Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape
Drawdown [(B) - (A)] <u>15</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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 MAY 09 2005
 BY: OLWR