

State Well Report

Part I

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-114
L.S. Elevation 400'
E-log # J-0114

County Rankin
Permit # _____
Driller LARRY EASLEY
Date drilling completed: 8-17-05

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 Kevin Gordin
Mailing Address 621 Concord Rd
Pelahatchie Rd 39145
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 23 Twn 6N Rng 5E
Distance Direction Nearest Town
5 Miles E of Pelahatchie

Well Data

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

Date well drilling started: 8-16-05 Date well drilling completed: 8-17-05

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

Static Water Level: 180' feet above or below (circle one) land surface Date measured 8-22-05

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

Hole depth 604' Well depth: 580' Well grouted to a depth of 20 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 540 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size 006 inches Setting depth From 540 feet to 580 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): DSQ

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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J-114

If well telescopes please sketch below and show depths

Ground Level

Empty vertical box for sketching well telescopes.

Description of Formations Encountered	From	To
CLAY	0	20
SAND	20	30
CLAY	30	360
SAND	360	380
CLAY	380	530
SAND	530	580
CLAY	580	604

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well, 3) any roads, power lines, or other items that may aid in locating the property and the well 4) indicate direction

Landowner Name: Kevin Gordin

Larry Eady, Signature of Water Well Contractor

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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

County Rankin
 Permit # _____
 Driller LARRY EASLEY
 Date completed 8-22-05

Aquifer _____
 Well # J-114
 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>Kevin Goedin</u>	Latitude _____ Longitude _____
Mailing Address <u>621 Concord Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Relatachie MS 39145</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>6N</u> Rng <u>5E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>Relatachie</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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 checked="" 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>5</u>
Date Pump Installed <u>8-22-05</u>	Setting Depth: <u>252</u> feet
Rated Pump Capacity <u>33</u> Gallons Per Minute	Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-22-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tap</u> <input checked="" type="checkbox"/>
Static Water Level (A) <u>180</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>20</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 EASLEY 510 Larry Easley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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