

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 # K-211
L S Elevation _____
E-log # _____

~~John~~ Rankin

Larry Easley

11-24-05

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 Yates Construction
Mailing Address 5990 Hwy 55 S
Jackson MS 39272
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 13 Twn 5N Rng 1E
Distance Direction Nearest Town
1 Miles S of Hwy 80

Well Data

Purpose of Well (circle one) Domestic Industrial Public Supply Irrigation Fish Culture Other _____
Date well drilling started 11-24-05 Date well drilling completed 11-24-05
Flowing, method of flow regulation Valve _____ Other (describe) _____
Static Water Level 15 feet above or below (circle one) land surface Date measured 11-25-05
Method of Measurement (circle one) Steel tape electric tape air line other _____
Casing depth 40 Well depth 30 Well grouted to a depth of 10 feet
Type of grout (circle one) Cement Bentonite Mix
Casing length 10 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 10 feet to 30 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
Log 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.

Print Name of Water Well Contractor and License No Easley Waterwell 510

Larry Easley
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

Aquifer _____
 Well # K-211
 Elevation _____

County Rankin
 Permit # _____
 Installer LARRY EASLEY
 Date completed 11-25-05

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

Owner Name Yates Construction
 Mailing Address _____
 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 _____
 _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type
 Circle one

Air Lift _____ Jet _____ Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify) _____
 Date Pump Installed 11-25-05
 Rated Pump Capacity 12 Gallons Per Minute

Power Type
 Circle one

Diesel Engine _____ Gasoline Engine _____
Electric Motor _____ Hand _____
 Windmill _____ Other (specify) _____
 Horse Power Rating of Motor 1
 Setting Depth 29 feet
 Number of Stages 12

Pump Test Data

Date Well Tested 11-25-05
 Static Water Level (A) 15 Feet Below Land Surface
 Pumping Water Level (B) 18 Feet Below Land Surface
 Drawdown [(B) - (A)] 3 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 _____
 Other (specify) _____
 For flowing well, measured shut in head _____
 Well yielded 12 GPM with a drawdown of _____
3 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Brian Easley 0-539 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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K-211

If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered	From	To
Clay	0	5
Sand	5	30
Clay	30	40

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 Yates Construction

JL Early
Signature of Water Well Contractor

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