

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 # N-45
L. S. Elevation 455'
E-log # N-0045

County Rankin
Permit # _____
Driller: LARRY EASLEY
Date drilling completed 8-16-05

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	Well Location
Owner Name <u>Walters Farm</u>	Latitude: _____ Longitude: _____
Mailing Address <u>PO Box 360</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>33</u> Twn <u>5N</u> Rng <u>5E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>10</u> Miles <u>S</u> of <u>Pelahatchie</u>

Well Data

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

Date well drilling started 8-4-05 Date well drilling completed: 8-16-05

Flowing, method of flow regulation Valve _____ Other (describe) _____

Static Water Level: 283' feet above or below (circle one) land surface Date measured: 8-20-05

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

Hole depth 780' Well depth: 765' Well grouted to a depth of 20 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 745 feet Casing diameter: 4x2" inches Type of casing: steel

Screen length: 20 feet Screen diameter 2" inches Type of screen: steel

Screen slot size 006 inches Setting depth: From 745 feet to 765 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.

Larry Easley
Signature of Water Well Contractor

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SEP 22 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)

County Rankin
 Permit # _____
 Driller LARRY Easley
 Date completed 8-20-05

For Office Use Only

Aquifer _____
 Well # N-45
 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>Walters Farms</u>	Latitude _____ Longitude _____
Mailing Address <u>PO Box 360</u>	Method of Lat/Long (circle one): Conventional Survey _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Pelahatchie MS 39145</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>5N</u> Rng <u>5E</u>
Telephone No. (_____) _____	Distance Direction Nearest Town <u>10</u> Miles <u>S</u> of <u>Pelahatchie</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify) _____	Horse Power Rating of Motor <u>5</u>
Date Pump Installed <u>8-20-05</u>	Setting Depth: <u>378'</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>8-20-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tap</u>
Static Water Level (A) <u>283</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>303</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>40</u> GPM with a drawdown of _____
Test Pumping Rate: <u>40</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
 Print Name of Pump Installer and License No. (if applicable)

Larry Easley
 Signature of Pump Installer

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