

Rankin
Hinds

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 # A-201 P-601
L S Elevation _____
E-log # _____

Driller: LARRY EASKY
Date drilling completed: 12-1-05

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	
Name	<u>Wallace Hemphill</u>	Latitude	Longitude
Address	<u>2170 Florence - Byram Rd</u>	Method of Lat/Long (circle one)	Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
City	<u>Florence MS 39073</u>	1/4 Sec	<u>20</u> Twn <u>4N</u> Rng <u>1E</u>
Telephone No.		Distance	Direction
		<u>3</u> Miles	<u>E</u> of <u>Byram</u>

Well Data

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

Date well drilling started 11-31-05 Date well drilling completed 12-1-05

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

Static Water Level 89 feet above or below (circle one) land surface Date measured 12-1-05

Method of Measurement (circle one) Steel tape electric tape air line other

True depth 280 Well depth 192 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length 172 feet Casing diameter 4 inches Type of casing PVC

Screen length 20 feet Screen diameter 4 inches Type of screen PVC

Screen slot size 008 inches Setting depth From 172 feet to 192 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe) _____

Length 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): 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.

Print Name of Water Well Contractor and License No: Easky Waterwell 510

Signature of Water Well Contractor: Larry Easky

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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 # B-201 Q-601

Elevation _____

Rankin
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County _____
 Permit # _____
 Installer LARRY EASLEY
 Date completed 12-1-05

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 Wallace Hemphill
 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 12-1-05
 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: 120 feet
 Number of Stages: 12

Pump Test Data
 Date Well Tested 12-1-05
 Static Water Level (A) 89 Feet Below Land Surface
 Pumping Water Level (B) 92 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

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)

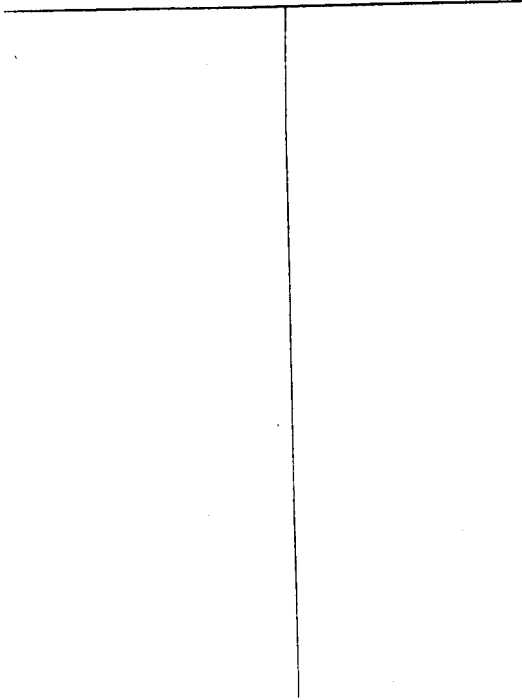
Brian Easley
 Signature of Pump Installer

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Q-601 R 201

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From	To
CLAY	0	20
SAND	20	80
CLAY	80	130
SAND	130	260
CLAY	260	280

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 Wallace Hemphill

Darry Esy
Signature of Water Well Contractor

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