

County: Rankin  
 Name: LARRY Easley  
 Date drilling completed: 3-8-08

**State Well Report**  
 Part I - Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10031  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-115  
 L.S. Elevation: \_\_\_\_\_  
 Log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner  
 (Landowner if borehole is not for a water well)  
 Well Owner Name: Delliot Rials  
 Starting Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

Well or Borehole Location  
 Latitude: 32 09 21 Longitude: 90 05 28  
 Method of Lat/Long (circle one): Conventional Survey.  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 1/4 Sec: \_\_\_\_\_ 1/4 Sec: 28 Twp: 4N Rng: 2E  
 Distance: \_\_\_\_\_ Miles Direction: \_\_\_\_\_ of Nearest Town: \_\_\_\_\_

Well/Borehole Data  
 Date drilling started: 3-7 Date drilling completed: 3-8 Hole depth: 280' Hole diameter: 7 7/8"  
 Location of the source of any surface water used for drilling: creek  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable): Gamma Ray Electric \_\_\_\_\_ Density \_\_\_\_\_ Sonic \_\_\_\_\_ Neutron \_\_\_\_\_ Other: \_\_\_\_\_  
 Name of organization running log(s): DEQ  
 Purpose of borehole (check one): Water Well \_\_\_\_\_ Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe): \_\_\_\_\_

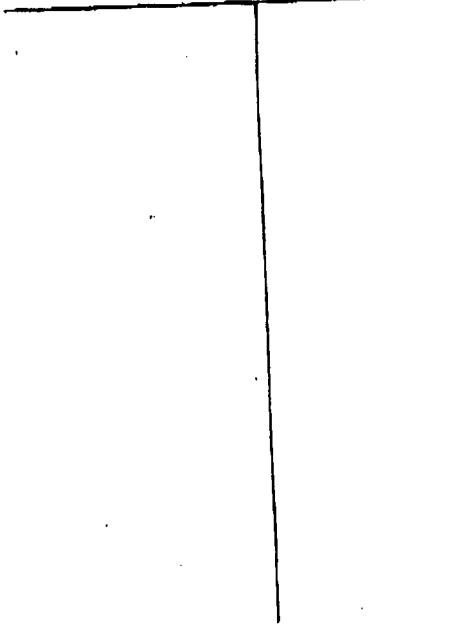
If drilling is not related to water well construction, skip the remainder of this block.  
 Purpose of Well (check one): Home Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe): \_\_\_\_\_  
 Static Water Level: 78' feet above or below (circle one) land surface Date measured: 3-10-08  
 Method of Measurement (circle one): level tap electric tape \_\_\_\_\_ in line \_\_\_\_\_ other: \_\_\_\_\_  
 Well depth: 280' well grouted to a depth of 10 feet Type of grout (circle one): Gravel Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_  
 Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 006 inches Setting depth: From 200 feet to 220 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 in next page.

Form OLWR-SWR-1A

P-115

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From
CLAY	0 160
Rock	160 180
SAND	180 230
CLAY	230 286

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.

Wellowner Name: Delliot Rials

[Signature]  
Signature of Water Well Contractor

# 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 # \_\_\_\_\_  
 Installer Larry Easley  
 Date completed: 3-10-08

Aquifer \_\_\_\_\_  
 Well # P-115  
 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>Delliot Rials</u>	Latitude _____	Longitude _____
Mailing Address	_____	Method of Lat/Long (circle one): Conventional Survey	
_____	_____	USGS quad, Hand-held GPS, Survey-grade	
_____	_____	_____	_____
City	State	Zip Code	_____
Telephone No. (_____) _____	_____	Distance _____	Direction _____
		Miles _____	of _____
		_____	Nearest Town _____

Pump Type Circle one			Power Type Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Jet	<input checked="" type="checkbox"/> <u>Submersible</u>	<input type="checkbox"/> 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 checked="" type="checkbox"/> <u>Electric Motor</u>	<input 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>1</u>		
Date Pump Installed	<u>3-10-08</u>		Setting Depth	<u>120</u> feet	
Rated Pump Capacity	<u>12</u> Gallons Per Minute		Number of Stages	<u>12</u>	

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested	<u>3-10</u>	Air Line	<input checked="" type="checkbox"/> <u>Electric Measuring Line</u>
Static Water Level (A)	<u>78'</u> Feet Below Land Surface	Other (specify): _____	
Pumping Water Level (B)	<u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____	
Drawdown ((B) - (A))	<u>12</u> Feet Below Land Surface	Well yielded	<u>12</u> GPM with a drawdown of _____
Test Pumping Rate	<u>12</u> Gallons Per Minute	<u>12</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) Signature of Pump Installer