

# 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-46~~ 45  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County Smith 129  
Permit # \_\_\_\_\_  
Driller: LARRY WATERWELL  
Date drilling completed: 1-18-05

*Easley Water Well Service*

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>Scott Thornton Thornton</u>	Latitude: <u>32° 08' 20"</u> Longitude: <u>89° 42' 44"</u>
Mailing Address: <u>180 Woodrow Martin Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon MS 39042</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>4N</u> Rng <u>6E</u>
Telephone No. ( ) _____	Distance <u>5</u> Miles Direction <u>North</u> of Nearest Town <u>Pucket Hwy 13</u>

### Well Data

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

Date well drilling started: 1-16-05 Date well drilling completed: 1-18-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 767 feet above or below (circle one) land surface Date measured: 2-5-05

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

Hole depth: 780' Well depth: 770 Well grouted to a depth of 20 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 720 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 720 feet to 770 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): 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.

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

Larry Easley  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CLAY	0	20
Muddy sand	20	60
CLAY	60	150
Sand	150	160
CLAY	160	560
strippy sand	560	600
CLAY	600	710
Fine sand	710	720
Sand	720	770
CLAY	770	780

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: Scott Thornton

Harry Early  
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)

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: LARRY Easley  
 Date completed: 2-5-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-4645  
 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>Scott Thorton</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<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>2-5-05</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>2-5-05</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>167</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>185</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>33</u> GPM with a drawdown of
Test Pumping Rate: <u>33</u> Gallons Per Minute	<u>18</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

Brian Easley      0739-P      Brian Easley  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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