

### 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 #: J-37

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: SMITH

Permit #: \_\_\_\_\_

Driller: A-1 DRILLING SER

Date drilling completed: 3-29-06

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>TOMMY EASTERLING</u>	Latitude: <u>31-59</u> " Longitude: <u>89-35</u> "
Mailing Address: <u>SGR 121</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>RALEIGH MS 39153</u> City State Zip Code	USGS quad: Hand-held GPS, Survey-grade GPS <u>5/2 5/2 N/2 N&amp;E&amp;C&amp;T</u> 1/4 Sec <u>23</u> Twn <u>2N</u> Rng <u>7E</u>
Telephone No. <u>(601) 782-9763</u>	Distance <u>1.2</u> Miles Direction <u>SSW</u> of Nearest Town <u>RALEIGH</u>
Well Data	
Purpose of Well (circle one) Home <input type="radio"/> <u>Industrial</u> <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: <u>POULTRY HOES</u>	
Date well drilling started: <u>3-27-06</u> Date well drilling completed: <u>3-29-06</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>13</u> feet above <input checked="" type="radio"/> below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape <input type="radio"/> <u>electric tape</u> <input type="radio"/> air line other: _____	
Hole depth: <u>60</u> Well depth: <u>53'</u> Well grouted to a depth of <u>3.5</u> feet	
Type of grout (circle one) <u>Cement</u> <input type="radio"/> <u>Bentonite</u> <input type="radio"/> Mix	
Casing length: <u>44</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>4.3</u> feet to <u>5.3</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
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.	
<u>WILBERT BAUGHMAN 0410</u> Print Name of Water Well Contractor and License No.	<u>Wilbert Baughman</u> Signature of Water Well Contractor

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APR 10 2006

BY: OLWF



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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: A-1 DRILLING SER  
 Date completed: 6-16-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-37  
 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>TOMMY EASTERLING</u>	Latitude: <u>31 59</u> Longitude: <u>89 33</u>
Mailing Address: <u>SCR 121</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>RALEIGH MS 39153</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>5/2 S/2 N/2 near center</u>
Telephone No. <u>(601) 782-9763</u>	<u>1/4 Sec 23 Twn 2N Rng 7E</u>
	Distance Direction Nearest Town <u>± 2 Miles SSW of RALEIGH</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="radio"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Diaphragm <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="radio"/> Electric Motor <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>3</u>
Date Pump Installed: <u>6-16-06</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <input type="checkbox"/> <input checked="" type="radio"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>—</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>—</u> feet
Drawdown ((B) - (A)): <u>—</u> Feet Below Land Surface	Well yielded <u>—</u> GPM with a drawdown of
Test Pumping Rate: <u>—</u> Gallons Per Minute	<u>—</u> feet after <u>—</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>—</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

WILBUR T. BUSHMAN 0410 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer