

County: WARREN  
 Permit #: 1  
 Driller: LARRY EAST  
 Date drilling completed: 3-27-10

**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)368-0535(fax)

Acquifer: P-37  
 Well #: \_\_\_\_\_  
 I. S. Elevation: \_\_\_\_\_  
 E-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.

<b>Information on Well Owner</b> (Licensee of borehole is not for a water well) Owner Name: <u>Doyle Turner</u> Mailing Address: <u>499 S. ...</u> <u>Vicki Long</u> City: _____ State: <u>MS</u> Zip Code: <u>39180</u> Telephone No.: _____		<b>Well or Borehole Location</b> Latitude: <u>32.11.55</u> - Longitude: <u>90.56.23</u> Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>SP x SP x Sec 10</u> Twp <u>14N</u> Rng <u>3E</u> Distance: _____ Miles Direction: _____ Nearest Town: _____ of _____	
<b>Well/Borehole Data</b> Date drilling started: <u>3-22-10</u> Date drilling completed: <u>3-24-10</u> Hole depth: <u>294</u> Hole diameter: <u>17 1/8</u> Location of the source of any surface water used for drilling: _____ Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal per 1000</u> Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>Doyle</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Scientific Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, fill the remainder of this block</i>			
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>13</u> feet above or below (circle one) land surface Date measured: <u>3-22-10</u> Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____ Well depth: <u>294</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix Casing length: <u>64</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>20</u> inches Setting depth: From <u>64</u> feet to <u>94</u> feet Type of completion (circle all applicable): Gravel packed _____ Underdrained _____ Telescoped _____ Open hole <input checked="" type="checkbox"/> Natural Development _____ Other (describe): _____ Top of top pipe or reduction in casing: _____ feet. <i>If uncased or more than one screen, describe on next page</i>			



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: James Taylor  
 Date completed: 3-21-12  
 Copy information from Part 1

For Office Use Only:  
 Aquifer: R 37  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Doyle Turner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4809 Lake Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wichita Miss MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State <u>MS</u> Zip Code <u>39170</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> T. <u>14N</u> R. <u>3E</u>
Telephone No. ( ) _____	Distance _____ Miles _____ of _____
	Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Gasoline Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Rotary <input type="checkbox"/>	Windmill <input type="checkbox"/>
Flowing Well <input type="checkbox"/>	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>3-21-12</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-21-12</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>13</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>13</u> Feet Below Land Surface	Steel Tape <input checked="" type="checkbox"/>
Drawdown (B) - (A): <u>0</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>20</u> GPM with a drawdown of _____
	<u>0</u> feet after <u>4</u> hours of pumping

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

LARRY EASTMAN 570 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer