

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-63
 L. S. Elevation: _____
 B-log #: _____

County: Jerry
 Permit #: _____
 Driller: Mike F. Wood
 Date drilling completed: 9-3-06

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>Dwayne Smith</u>	Latitude: <u>31.14.371N</u> Longitude: <u>088.46.899W</u>
Mailing Address: <u>430 Dwayne Smith Rd</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Lucibel Ms 39452</u>	SW <input type="radio"/> NE <input checked="" type="radio"/> Sec <u>8</u> Twn <u>T3N</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction of Nearest Town
Telephone No. _____	<u>7</u> Miles <u>5</u> of <u>Sand Hill</u>

Well Data

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

Date well drilling started: 9-03-06 Date well drilling completed: 9-03-06

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: _____

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

File depth: 200 Well depth: 200 Well grouted to a depth of 70 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PU < 40

Screen length: 20 feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: 8 inches Setting depth: From 180 feet to 200 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): _____
 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.

Michael R Fryfogel 0408 Michael R Fryfogel 0408
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 DEC 29 2006
 BY: OLWR

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 39288-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: J-63

Elevation: _____

County: Drew
Permit #: _____
Driller: Michael R. King
Date completed: 9-7-06

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: Dwayne Smith
Mailing Address: 43 Dwayne Smith Rd
Lucedd MS 39452
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31 14 37N Longitude: 88 46 89W
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec. 3 Twp. T3N R. R8W
Distance Direction Nearest Town
7 Miles S of Sand Hill

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 9-7-06
Rated Pump Capacity: 55 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 3
Setting Depth: 100 feet
Number of Stages: 7

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 45 Feet Below Land Surface
Pumping Water Level (B): 85 Feet Below Land Surface
Drawdown [(B) - (A)]: 40 Feet Below Land Surface
Test Pumping Rate: 100 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 100 GPM with a drawdown of
40 feet after 1 1/2 hours of pumping

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

Michael R. King 0408
Print Name of Pump Installer and License No. (if applicable)

Michael R. King
Signature of Pump Installer

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