

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)

County: Greene
Permit #:
Driller: Michael S. Harvard
Date drilling completed: 5-30-05

For Office Use Only:
Aquifer:
Well #: J-19
L. S. Elevation:
E-log #:

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>Marlon Byrd</u>	Latitude: <u>31° 13' 58"</u> Longitude: <u>88° 46' 32"</u>
Mailing Address: <u>2589 Ranch Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> ³⁵ Conventional Survey ¹⁹
<u>Breaksville MS 39451</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 14</u> Twn <u>T3N</u> Rng <u>R8W</u>
Telephone No. <u>(601) 525-3429</u>	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>Neely</u>

Well Data

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

Date well drilling started: 5-30-05 Date well drilling completed: 5-30-05

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

Static Water Level: 0 feet above or below (circle one) land surface Date measured: 0

Method of Measurement (circle one) steel tape electric tape air line other: none

Hole depth: 300 Well depth: 0 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 0 feet Casing diameter: 0 inches Type of casing: 0

Screen length: 0 feet Screen diameter: 0 inches Type of screen: 0

Screen slot size: 0 inches Setting depth: From 0 feet to 0 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): no water bearing formation found

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 S. Harvard 0-693 Michael S. Harvard
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
JUN 30 2005
BY: OLWR

If well telescopes please sketch below and show depths.

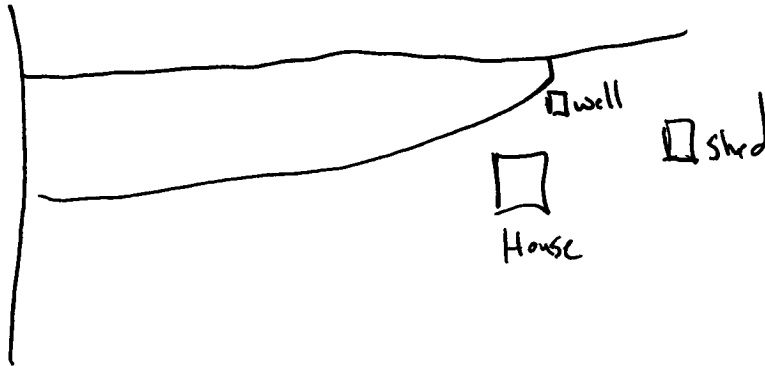
J-19

Ground Level

Description of Formations Encountered	From	To
Top sand	0	5
Clay	5	12
Silt	12	15
Clay	15	71
Sand (fine)	71	78
Clay	78	85
Silt	85	98
Clay	98	147
Sand (fine-med)	147	153
Clay	153	165
Silt	165	170
Clay	170	208
Silt	208	218
Sand (fine)	218	222
Clay	222	276
Silt	276	279
Clay	279	280
Sand (fine-med)	280	283
Clay	283	300

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: Marlon Byrd

Michael S. Had
Signature of Water Well Contractor

RECEIVED
JUN 30 2005
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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Greene
 Permit #: _____
 Driller: Michael S. Howard
 Date completed: 5-30-05

For Office Use Only:

Aquifer: _____
 Well #: J-19
 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>Marlon Byrd</u>	Latitude: <u>31°13.58</u> Longitude: <u>88°46.32</u>
Mailing Address: <u>2589 Ranch Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS
<u>Leaksville MS 39451</u> City State Zip Code	1/4 Sec <u>14</u> Twn <u>T3N</u> Rng <u>R8W</u>
Telephone No. (<u>601</u>) <u>928-3429</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>Weely</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>None</u>
Other (specify): <u>(no pump set) (no well made)</u>	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>no well made</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>0</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>0</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>0</u> GPM with a drawdown of
Test Pumping Rate: <u>0</u> Gallons Per Minute	<u>0</u> feet after <u>0</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Michael S. Howard 0-673 Michael S. Howard
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 30 2005
 BY: OLWR