

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-66
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW40755
Driller: Mat Nickles
Date drilling completed: 7/8/05
B&B Well Pump and Plumbing

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>Glen Miller</u> | Latitude: <u>33° 18' 06N</u> Longitude: <u>90° 31' 52W</u> |
| Mailing Address: <u>8900 CR 524</u> <u>RR 1 Box 80</u> <u>Cruzer MS 38924</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, <u>NE</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SE</u> <u>1/4</u> <u>1/4</u> Sec <u>20²⁹</u> Twn <u>17N</u> Rng <u>3W</u> |
| Telephone No. <u>(662) 455-3092</u> | Distance Direction Nearest Town <u>7</u> Miles <u>NE</u> of <u>Beazoni, MS.</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement
GW 4235

Date well drilling started: 7-8-05 Date well drilling completed: 7-8-05

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 7-9-05

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: 32 inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): Replacement Well

Top of lap pipe or reduction in casing: N/A 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: N/A

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.

Robert Byars 0-543
Print Name of Water Well Contractor and License No.

Robert Byars
Signature of Water Well Contractor

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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: Idemphre
 Permit #: 600 40755
 Driller: mat nickles
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: A-66
 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>Glenn Miller</u> | Latitude: <u>33° 18' 06N</u> Longitude: <u>090° 31' 52W</u> |
| Mailing Address: <u>8900 CR 524</u> <u>RR1 Box 80</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Cruger</u> MS <u>38924</u> City State Zip Code | <u>SE</u> ¼ <u>SW</u> ¼ Sec <u>20</u> Twn <u>17N</u> Rng <u>3W</u> |
| Telephone No. <u>(662) 455-3092</u> | Distance Direction Nearest Town <u>7</u> Miles <u>NE</u> of <u>Belzoni, MS</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>75</u> |
| Date Pump Installed: <u>7-9-05</u> | Setting Depth: <u>70'</u> feet |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>27</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

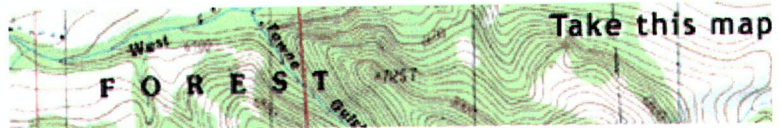
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Robert Byars 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUL 13 2005
 BY: OLWR

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33° 18' 06"N, 90° 31' 52"W (WGS84)
USGS Inverness Quad

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