

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 #: F-187
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: _____
Driller: _____
Date drilling completed: 11-11-05

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>JIMMY TURNER</u>		Latitude: <u>33° 10' 34"</u> Longitude: <u>90° 29' 45"</u>	
Mailing Address: <u>P.O. Box 34</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Belzoni</u> MS <u>39038</u>		<u>3</u> <u>15N</u> Rng <u>3W</u>	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. <u>(601) 247-4399</u>		<u>1</u> Miles <u>SOUTH</u> of <u>of Intersection</u>	<u>from New Double Creek</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>WASHING POTATOES</u>			
Date well drilling started: <u>11-4-05</u> Date well drilling completed: <u>11-11-05</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>23</u> feet above or below (circle one) land surface Date measured: <u>11-5-05</u>			
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</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>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>N/A</u> 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: <u>N/A</u>			
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.			
<u>Robert Byars 0-543</u>		<u>Robert Byars</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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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)

For Office Use Only:

Aquifer: _____

Well #: F-187

Elevation: _____

County: Idemphrey
 Permit #: _____
 Driller: _____
 Date completed: 11-8-05

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>JIMMY TURNER</u>	Latitude: <u>33° - 10 - 34^N</u> Longitude: <u>90° - 29 - 45^W</u>
Mailing Address: <u>P.O. Box 34</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Belzoni</u> MS <u>39038</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 247-4399</u>	<u>1</u> Miles <u>South</u> of <u>of Intersection</u> <u>from New Double Quick</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>11-5-05</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>1</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): _____ 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
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars
 Signature of Pump Installer

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