

# 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-192  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW41637  
Driller: SchHudec Drilling  
Date drilling completed: 4-3-07

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>GLEAN Miller</u>	Latitude: <u>33° 05' 05"</u> Longitude: <u>90° 29' 01"</u>
Mailing Address: <u>8900 CR 524</u> <u>RR 1 Box 80</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Cruyer</u> State: <u>MS</u> Zip Code: <u>38924</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(662) 455-3092</u>	<u>SW 4SW 14 Sec 2 Twp 15N Rng 3W</u>
	Distance: <u>2</u> Miles Direction: <u>South</u> of <u>15N Silver City</u>

**Well Data**

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

Date well drilling started: 4-3-07 Date well drilling completed: 4-3-07 GW10305

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 4-4-07

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

Hole depth: 108 Well depth: 108 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 0 feet to 108 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): N/A

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: 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

Replacement Well

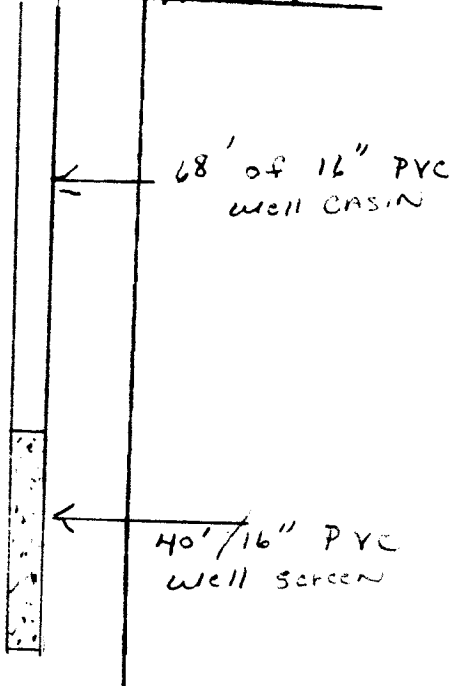
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If well telescopes please sketch below and show depths.

F-192

Ground Level

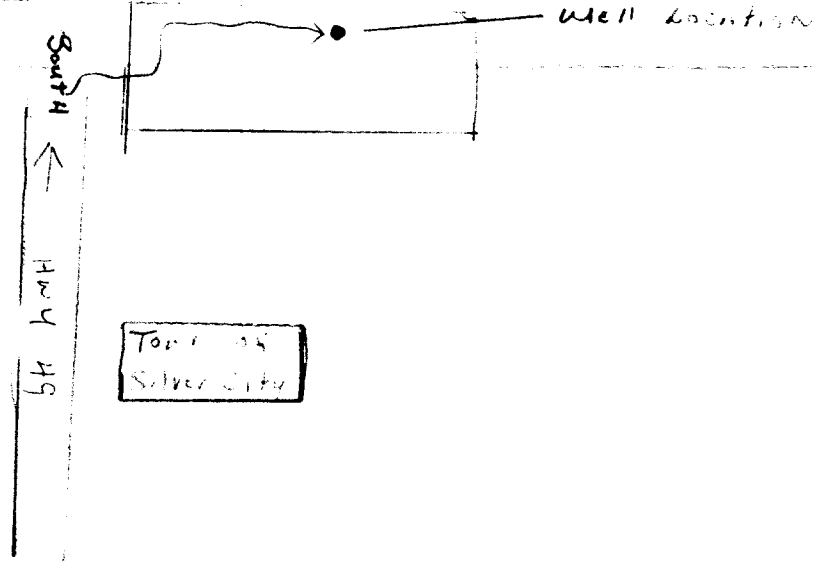
6041637



Description of Formations Encountered	From	To
Clay	0	30
Sandy clay	30	40
med SAND	40	60
Course SAND	60	90
Course SAND & Gravel Cemented gravel	90	105

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: Mr. Glenn Miller

Robert Bryan  
Signature of Water Well Contractor

Replacement Well

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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-192

Elevation: \_\_\_\_\_

County: Humphreys  
Permit #: GW41637  
Driller: SEHUNCO Drilling  
Date completed: 4-4-07

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° 05' 05N</u> Longitude: <u>090° 29' 01W</u>
Mailing Address: <u>8900 CR 524</u> <u>RR 1 Box 80</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Cruyer</u> MS <u>38724</u> City State Zip Code	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
Telephone No. (662) <u>455-3092</u>	Distance Direction Nearest Town <u>2 Miles South of Silver City</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): <u>N/A</u>	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-4-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>N/A</u>
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 Byrns 0-543  
Print Name of Pump Installer and License No. (if applicable)

Robert Byrns  
Signature of Pump Installer

*Replacement Well*

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APR 12 2007

BY: OLWR