

# 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 #: H-83  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

53

County: Humphreys  
Permit #: OW 39845  
Driller: MAF Nickles  
Date drilling completed: 10-18-04

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>C. B. Box Co.</u>	Latitude: <u>33° 03' 51" N</u> Longitude: <u>90° 35' 15" W</u>
Mailing Address: <u>P.O. Box 66</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Midnight MS 39115</u>	<u>1/4 1/4 Sec 15 Twn 14N Rng 4W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1 3/4</u> Miles Direction: <u>West</u> of Nearest Town: <u>Midnight, MS.</u>
Telephone No. <u>(662) 247-3937</u>	

**Well Data**

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

Date well drilling started: 10-18-04 Date well drilling completed: 10-18-04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 10-21-04

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC SCH 40

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC SCH 40

Screen slot size: .32 inches Setting depth: From 60 feet to 100 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: 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: \_\_\_\_\_

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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# 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: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: mat Nickles  
 Date completed: 10-21-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-23  
 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>C. B. Box Co.</u>	Latitude: <u>30° 03' 51" N</u> Longitude: <u>090° 35' 15" W</u>
Mailing Address: <u>P.O. Box 66</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Midnight MS. 39115</u>	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>14 N</u> Rng <u>4 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 247-3939</u>	<u>1 3/4</u> Miles <u>west</u> of <u>Midnight, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>(Submersible)</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>(Electric Motor)</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>10-21-04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1,000</u> Gallons Per Minute	Number of Stages: <u>Single</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-21-04</u>	Air Line <u>(Electric Measuring Line)</u> Steel Tape
Static Water Level (A): <u>30</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ 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.

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

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 BY: OLWR