

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 #: J-108 53
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW39846
Driller: MAT Nickles
Date drilling completed: 10-14-04

Bd B Well Pump & Plumbing, Inc.

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° 05' 15"</u> Longitude: <u>090° 31' 09"</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> City State Zip Code	<u>1/4 1/4 Sec 4 Twn 14 N Rng 3 W</u>
Telephone No. <u>(662) 247-3939</u>	Distance Direction Nearest Town <u>2 Miles west of Silver City MS.</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>10-14-04</u> Date well drilling completed: <u>10-14-04</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>22'</u> feet above or below (circle one) land surface Date measured: <u>10-21-04</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): Cement <u>Bentonite</u> Mix	
Casing length: <u>80</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC SCH 40</u>	
Screen length: <u>20</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC SCH 40</u>	
Screen slot size: <u>32</u> inches Setting depth: From <u>80</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): <u>No log run</u> 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. 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 #: J-11E
Elevation: _____

County: Humphreys
Permit #: _____
Driller: MAT Nickles
Date completed: 10-21-04

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>33° 05' 15" N</u> Longitude: <u>090° 31' 09" W</u>
Mailing Address: <u>P.O. Box 66</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Midnight MS. 39115</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 4 Twn 14 N Rng 3 W</u>
Telephone No. <u>(662) 247-3939</u>	Distance Direction Nearest Town
	<u>2 Miles west of Silver City 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>10 HP</u>
Date Pump Installed: <u>10-21-04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>500</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>22</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
Print Name of Pump Installer and License No. (if applicable)

Robert Byars
Signature of Pump Installer

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