

Idumshayes
 County: Idumshayes
 Permit #: _____
 Driller: _____
 Date drilling completed: 4/11/06

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-116
 L. S. Elevation: _____
 E-log #: _____

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>R.D. HINES INC</u>		Latitude: <u>33° 02' 04" N</u> Longitude: <u>90° 23' 17" W</u>	
Mailing Address: <u>11134 Carter Rd.</u>		Method of Lat/Long (circle one): Conventional Survey.	
<u>4AZ00 City-MS 39194</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	<u>SW 1/4 NE 1/4 Sec 27 Twn 14 N Rng 2 W</u>
Telephone No. <u>(662) 746-1853</u>		Distance	Direction
		<u>10.3 Miles</u>	<u>S.E.</u>
		Nearest Town <u>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>4-11-06</u>		Date well drilling completed: <u>4-11-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>			
Static Water Level: <u>18'</u> feet above or below (circle one) land surface		Date measured: <u>4-17-06</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>80</u> feet	Casing diameter: <u>10</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>10</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>20</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): <u>N/A</u>			
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): <u>N/A</u>			
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</u> <u>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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BY: OLWR

J-116

If more than one screen, show location of each on sketch

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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-116

Elevation: _____

County: Humphreys
Permit #: _____
Driller: _____
Date completed: _____

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>R.D. Hinds Inc.</u>	Latitude: <u>33° 02' 04N</u> Longitude: <u>090° 23' 17W</u>
Mailing Address: <u>11134 Carter Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>HAZOO City MS 39194</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn 14N Rng 2W</u>
Telephone No. <u>(662) 746-1853</u>	Distance Direction Nearest Town
	<u>10.3 Miles SE 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>4-17-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>450</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 <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>18'</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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APR 26 2006

BY: OLWR