

State Well Report

Part I

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: Howards
Permit #: 47718
Driller: _____
Date drilling completed: 4/11/06

For Office Use Only:
Aquifer: _____
Well #: J154
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): <u>Conventional Survey</u>
<u>49200 City-MS 39194</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 Sec 27 Twn 14N Rng 2W</u>
Telephone No. <u>(662) 746-1853</u>	Distance Direction Nearest Town <u>10.3 Miles S.E. of Silver City, MS</u>

Well Data

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

Date well drilling started: 4-11-06 Date well drilling completed: 4-11-06

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

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 4-17-06

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: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 20 inches Setting depth: From 80 feet to 100 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: 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: N/A

Name of organization running log(s): N/A

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 Robert Byars
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 #: J154
 Elevation: _____

County: Humphreys
 Permit #: 47718
 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' 04" N</u> Longitude: <u>090° 23' 17" W</u>
Mailing Address: <u>11134 Carter Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Yazoo City MS 39194</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 746-1853</u>	<u>NW 1/4 SE 1/4 Sec 27 Twn 14N Rng 2W</u>
	Distance Direction Nearest Town <u>10.3 Miles S.E. of Silver City, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> 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 <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 _____ 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