

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-346
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: R. Mason
 Date drilling completed: 12-30-04

Mason Water Wells, 22c

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>Curtis Byble</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>Jim Byrd Road</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec. <u>11</u> Twn <u>65</u> Rng <u>8W</u>	
<u>Vandeventer MS</u>	Distance _____ Direction _____ Nearest Town _____	_____ Miles <u>W</u> of <u>Vandeventer</u>	
City _____ State _____ Zip Code _____	Telephone No. () _____		

Well Data

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

Date well drilling started: 12-30-04 Date well drilling completed: 12-30-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-30-04

Method of Measurement (circle one): steel tape electric tape air line other: Plumb Bob

Hole depth: 435 Well depth: 425 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 435 feet Casing diameter: 2 inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PRC

Screen slot size: .006 inches Setting depth: From 0425 feet to 435 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: _____ 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.

Deight Mason 0209
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
JAN 10 2005
BY: OLWR

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: Jackson
 Permit #: _____
 Driller: R. Mason
 Date completed: 12-30-04

For Office Use Only:
 Aquifer: _____
 Well #: J-346
 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>Curtis Byhle</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>Jim Beards</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,		
<u>Vanclue, MS</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
City State Zip Code	<u>1/4 E 1/4 Sec 11 Twn 65 Rng 9W</u>		
Telephone No. () _____	Distance	Direction	Nearest Town
	<u>8</u> Miles	<u>W</u> of	<u>Vanclue</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input checked="" type="radio"/> Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>2</u>		
Date Pump Installed: <u>12-30-04</u>			Setting Depth: <u>120</u> feet		
Rated Pump Capacity: <u>11</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>12-30-04</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>Plumb</u>		
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: <u>11</u> Gallons Per Minute			
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer: R. Mason

RECEIVED
 JAN 10 2005
 BY: OLWR