

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 49
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: Cain
Date drilling completed: 12-3-07

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>Robby Sykes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>61 C. R. 16124</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Louis</u> <u>Mo</u> <u>37338</u> City State Zip Code	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>1</u> Twn <u>2 N</u> Rng <u>10 E</u>
Telephone No. <u>(601) 670-1805</u>	Distance <u>2</u> Miles <u>N/E</u> Direction of <u>Bay Springs MS</u> Nearest Town

Well Data

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

Date well drilling started: 11-26-07 Date well drilling completed: 12-3-07

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 12-3-07

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

Hole depth: 365 Well depth: 365 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 315 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: # 10 inches Setting depth: From 315 feet to 365 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: 315 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.

Nelson Cain 0-374
Print Name of Water Well Contractor and License No.

Nelson Cain
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: Tiger
 Permit #: _____
 Driller: Cain
 Date completed: 12-3-07

For Office Use Only:

Aquifer: _____
 Well #: J-49
 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>Robb Jyles</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>61 C.R. 16126</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Levin</u> <u>MS</u> <u>39338</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>N</u> 1/4 <u>E</u> 1/4 Sec <u>1</u> Twn <u>2N</u> Rng <u>10E</u>
Telephone No. (601) <u>670-1905</u>	Distance Direction Nearest Town <u>7</u> Miles <u>N/E</u> of <u>Bay Springs MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200'</u> feet Number of Stages: <u>15</u>
Date Pump Installed: <u>12-3-07</u>	
Rated Pump Capacity: <u>60</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-3-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>165</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>45</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Nelson Cain 0374 Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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