

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)

County: Leflore
Permit #: 6W40302
Driller: MAT Nickle
Date drilling completed: 6-6-05

For Office Use Only:

Aquifer: _____
Well #: N-107
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>Rickey GIBSON</u>	Latitude: <u>33° 23' 50"</u> Longitude: <u>90° 14' 51"</u>
Mailing Address: <u>3622 Co Rd 249</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sidon</u> MS. <u>38954</u>	<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>17N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () <u>601</u> <u>515-8317</u>	<u>6</u> Miles <u>west</u> of <u>Sidon, MS</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-6-05</u> Date well drilling completed: <u>6-6-05</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>13.9</u> feet above or below (circle one) land surface Date measured: <u>6-9-05</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>60</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>32</u> inches Setting depth: From <u>60</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): No log run Electric Gamma Ray Density Sonic Neutron Other: <u>N/A</u>	
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.	
<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

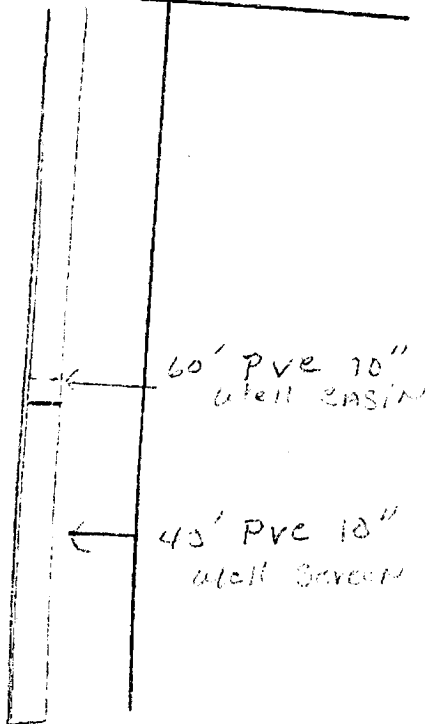
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JUN 13 2005

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

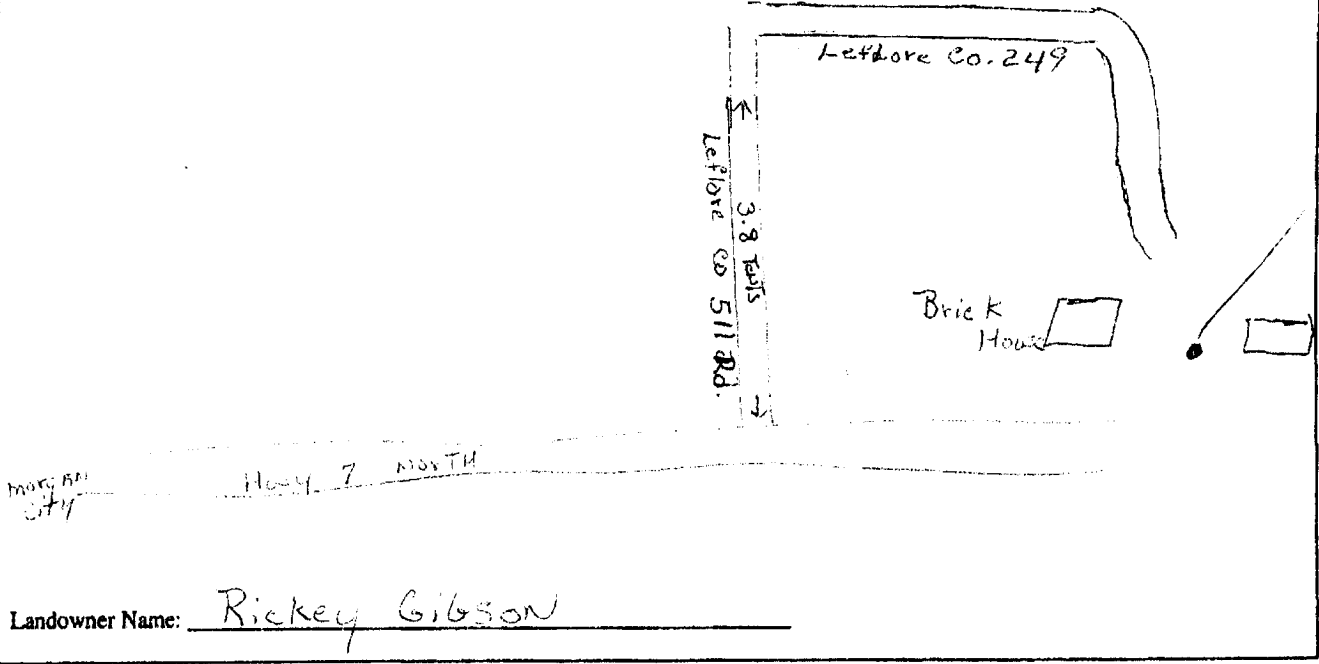


N-107

Description of Formations Encountered		From	To
Clay		0	25
Fine Sand		25	30
Course Sand & P Gravel		30	100

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Robert Bryan
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: Leflore
Permit #: _____
Driller: _____
Date completed: _____

For Office Use Only:
Aquifer: _____
Well #: N-107
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>Rickey Gibson</u>	Latitude: <u>33° 23' 50" N</u> Longitude: <u>92° 14' 51" W</u>
Mailing Address: <u>3622 Co Rd 249</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Sidon</u> MS <u>38954</u>	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
City State Zip Code	Distance Direction Nearest Town
Telephone No. () <u>515-8317</u>	<u>6</u> Miles <u>west</u> of <u>Sidon 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>15</u>
Date Pump Installed: <u>6-9-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>13.9'</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 Robert Byars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR

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Map/Photo Info

Topo Download

Photo Download

33° 23' 50"N, 90° 14' 51"W (WGS84)

USGS Sidon Quad

Elevation 113.7 ft / 34.7 m (USGS)

USGS Topo Maps

1:24K/25K Series

1:100K Series

1:250K Series

Map Size

Small

Medium

Large

View Scale

1 : 50,000

Update Map

Coordinate Format

D/M/S

Coordinate Datum

WGS84/NAD83

Show target

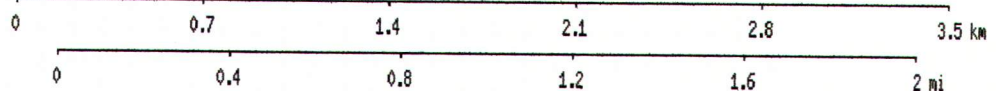
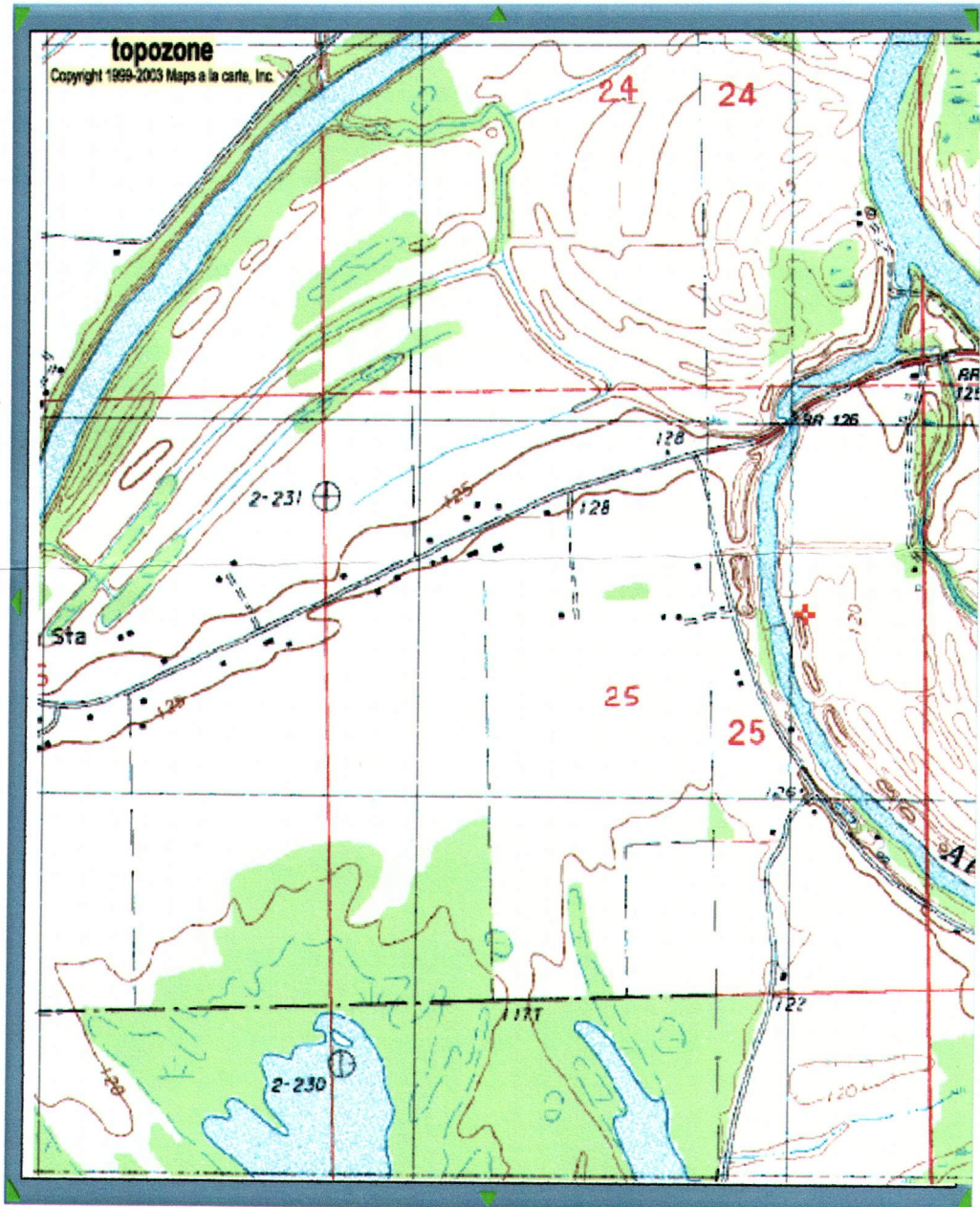
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County: Leflore

Permit #: BW-40302

Driller: MAT Nickles

Date drilling completed: 6-6-05

State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
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Owner Name: Rickey Gibson

Mailing Address: 3622 Co Rd 249

Sidon MS. 38954
City State Zip Code

Telephone No. () Mobil: 515-8317

Well Location

Latitude: 33° 23' 50" N Longitude: 90° 14' 27" W

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 SE 1/4 Sec 29 Twn. 18N Rng. 10W

Distance Direction Nearest Town
6 Miles West of Sidon, MS

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: JUN 30 2005

Date well drilling started: 6-6-05 Date well drilling completed: 6-6-05

If flowing, method of flow regulation: Valve N/A Other (describe) YMD JOINT WATER MANAGEMENT DISTRICT

Static Water Level: 13.9 feet above or below (circle one) land surface Date measured: 6-9-05

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

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 32 inches Setting depth: From 60 feet to 100 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: 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): _____

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.

Robert Byars

Signature of Water Well Contractor

40302