

OCT-27-2002 07:17A FROM:

TO:16013600535

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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)

For Office Use Only:

Aquifer: _____
 Well #: H-106
 L. S. Elevation: _____
 B-log #: _____

County: Lincoln
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 9-27-07

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>Dwayne Ryals</u>	Latitude: <u>31° 32' 37"</u> Longitude: <u>91° 02' 37"</u>
Mailing Address: <u>1829 East Lincoln Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39601</u>	<u>N14W S14N Sec 26 Twn 7N Rng 8E</u>
Telephone No. (____) _____	Distance: <u>7 1/2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Brookhaven</u>
	<u>SF</u>

Well Data

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

Date well drilling started: 9-26-07 Date well drilling completed: 9-27-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9-27-07

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

Hole depth: _____ Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Gravel Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 8 inches Setting depth: From 200 feet to 220 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.

Travis Boone D-514 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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H-106

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Sand	0	60
Clay	60	150
Sand	150	220

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) latitude direction.

Landowner Name: Dwayne Ryals

Travis Boone
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 10691
 Jackson, MS 39289-0691
 (601)961-3210
 (601)354-6938 (fax)

County: Lincoln
 Permit #: _____
 Installer: Travis Boone
 Date completed: 9-27-07

For Office Use Only
 Aquifer: _____
 Well #: H-106
 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>Dwayne Ryals</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1829 E Lincoln Rd</u> <u>Brookhaven Miss</u> _____ <u>39601</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ W _____ N Sec <u>26</u> Twp <u>TN</u> Rng <u>8E</u>
	Distance Direction Nearest Town
	<u>7 1/2 miles SE of Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>9-27-07</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>3.5</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-27-07</u>	Air Lift <input type="checkbox"/> Electric Measuring Log <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
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: <u>50 OF</u> 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.

Travis Boone _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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