

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 #: C-146
L. S. Elevation: _____
E-log #: _____

County: Sharky
Permit #: _____
Driller: MAT Nickles
Date drilling completed: 7-27-05

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>Trey Heigle</u>	Latitude: <u>32° 57' 32"</u> Longitude: <u>90° 48' 00"</u>
Mailing Address: <u>111 Depot Drive Suite B</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MADISON MS 39110</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 28 22 Twn 32 Rng 6W</u>
Telephone No. <u>(601) 605-8363</u>	Distance Direction Nearest Town
	<u>5 Miles SE of Anquilla MS.</u>

Well Data

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

Date well drilling started: 7-27-05 Date well drilling completed: 7-27-05

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 7-28-05

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): (note) Replacement well

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: _____

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

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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: Sharkey
 Permit #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: C-146
 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>Trey Heigle</u>	Latitude: <u>32° 51' 32" N</u> Longitude: <u>090 48' 00" W</u>
Mailing Address: <u>111 Depot Drive Suite B</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>MADISON MS. 39110</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>(601) 605-8363</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>ANQUILLA, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-28-00</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Number of Stages: <u>2</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): _____ 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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AUG 02 2005

BY: OLWR

