

# 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-147  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sharkey  
Permit #: \_\_\_\_\_  
Driller: MAT Nickles  
Date drilling completed: 7-29-05

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>Tray Heigle</u>	Latitude: <u>32° 57' 34" N</u> Longitude: <u>090° 47' 40" W</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 23 Twn 13N Rng 6W</u>
Telephone No. <u>(601) 605-8363</u>	SE NE 20
	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: 7-29-05 Date well drilling completed: 7-29-05

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-30-05

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  
(NOTE) Other (describe): 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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AUG 03 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: Sharkey  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-147  
 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 Heiple</u>	Latitude: <u>32° 57' 34" N</u> Longitude: <u>090 47 40" W</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	_____ 1/4 _____ 1/4 Sec. <u>23</u> Twn <u>13N</u> Rng <u>6W</u>
Telephone No. <u>(601) 605-8363</u>	Distance Direction <u>22</u> 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>7-30-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> 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): _____ 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

RECEIVED

AUG 03 2005

BY: OLWR

