

Sunflower

# 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-79  
L. S. Elevation: 5118  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: QW 40752  
Driller: MAT NICKLES  
Date drilling completed: \_\_\_\_\_

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>Doug Smyly</u>	Latitude: <u>33° 16' 51" N</u> Longitude: <u>90° 44' 41" W</u>
Mailing Address: <u>253 Horton Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, Survey-grade GPS
<u>Hollandale MS 38748</u>	USGS quad, <u>SE 1/4 NE 1/4 Sec. 31, Twn 17N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 827-5473</u>	Miles of

**Well Data**

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

Date well drilling started: 6-27-05 Date well drilling completed: 6-27-05

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-28-05

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

Hole depth: 103 Well depth: 103 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 32 inches Setting depth: From 63 feet to 103 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): N/A

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 Egan 0-543 Robert Bryan  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUL 06 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: Sunflower  
 Permit #: GW40752  
 Driller: MAT Nickels  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: S118  
 Well #: J-29  
 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>Dore Smyly</u>	Latitude: <u>33° 16' 59" N</u> Longitude: <u>090° 44' 41" W</u>
Mailing Address: <u>253 Horton Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>53</u>
<u>Hollandale MS 38748</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 34 Twn 17 Rng 5W</u>
Telephone No. <u>(662) 827-5473</u>	Distance Direction Nearest Town
	<u>8 Miles NE of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-28-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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): <u>21</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
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 2-543 Robert Byars  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 06 2005

BY: OLWR