

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 #: J-84
 L. S. Elevation: _____
 E-log #: _____

County: WASHINGTON
 Permit #: 41192
 Driller: SCHWEDER Drilling
 Date drilling completed: 6-21-06

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 Smyth</u>	Latitude: <u>33° 16' 47"</u> Longitude: <u>90° 45' 36"</u>
Mailing Address: <u>2447 Sycamore</u> <u>River Road</u> <u>Hollandale MS. 38748</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 827-5472</u>	Distance <u>6</u> Miles Direction <u>EAST</u> of Nearest Town <u>ARCOLA, MS.</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-21-06</u> Date well drilling completed: <u>6-21-06</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>	
Static Water Level: <u>26.6</u> feet above or below (circle one) land surface Date measured: <u>6-22-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>118</u> Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>0</u> feet to <u>116</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): <u>N/A</u>	
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): <u>N/A</u>	
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 A-543</u> Print Name of Water Well Contractor and License No.	<u>Robert Byars</u> Signature of Water Well Contractor

41192

RECEIVED

JUL 18 2006

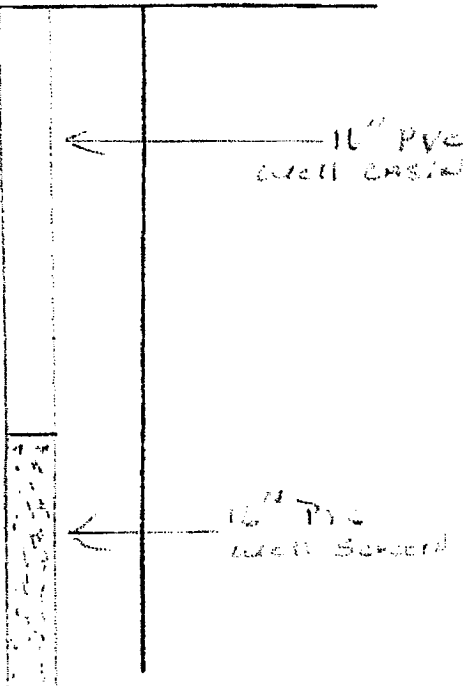
YVAD JOINT WATER MANAGEMENT DISTRICT

If well telescopes please sketch below and show depths.

J-84

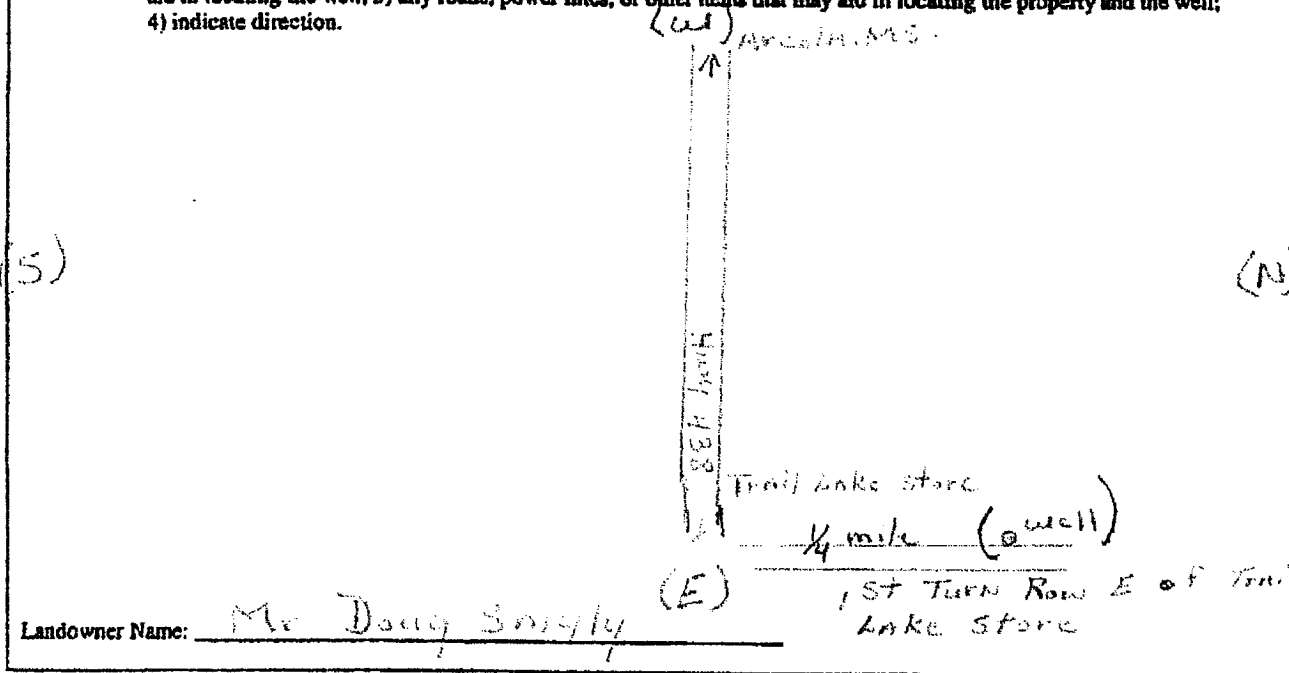
Ground Level

Description of Formations Encountered	From	To
SAND	0	20
FINE SAND	10	20
Med SAND	20	40
Coarse SAND	40	60
Med SAND	60	70
Coarse SAND & GRAVEL	70	100
GRAVEL	100	116
CLAY	116	118



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 Byars
Signature of Water Well Contractor

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: WASHINGTON
Permit #: _____
Driller: SCHUDA Drilling
Date completed: 6-21-06

For Office Use Only:

Aquifer: _____
Well #: J-84
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>Doug Smyly</u>	Latitude: <u>33° 16' 47"</u> Longitude: <u>090° 45' 30"</u>
Mailing Address: <u>2447 Sunflower River Road</u> <u>Hollandale, MS. 38748</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(662) 827-5473</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine <u>Gasoline Engine</u> 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: <u>60</u>
Date Pump Installed: <u>6-22-06</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: <u>N/A</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>N/A</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: _____ 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 Buars 0-543 Robert Buars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer