

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 #: E-38
L. S. Elevation: _____
E-log #: _____

County: YAZOO
Permit #: 6W40303
Driller: Mat Nickles
Date drilling completed: 5-28-05

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>Jiff Brassfield</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>449 Woodard Rd.</u>	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>12N</u> Rng <u>4W</u>		
<u>YAZOO City MS 39194</u> City State Zip Code	Distance <u>7</u> Miles Direction <u>NE</u> of Nearest Town <u>Holly Bluff, MS.</u>		
Telephone No. <u>(662) 828-3737</u>			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> Other: _____			
Date well drilling started: <u>5-28-05</u> Date well drilling completed: <u>5-28-05</u>			
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>			
Static Water Level: <u>22</u> feet above or below (circle one) <u>land surface</u> Date measured: <u>5-28-05</u>			
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10'</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>20</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>80</u> feet to <u>120</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <u>N/A</u>			
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.			
<u>Robert Peyer 2-513</u>		<u>Robert Peyer</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY OLWA

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: YAZOO
 Permit #: QW 40303
 Driller: MAT NICKLES
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: E-38
 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>Jeff Brassfield</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>449 Woodard Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>YAZOO City, MS. 39134</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>12N</u> Rng <u>4W</u>
Telephone No. <u>(662) 828-3737</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>NE</u> of <u>Holly Bluff, MS.</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>5-31-05</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>(2) Stage 12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> 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
 JUN 1 2005
 DEPT. OF ENVIRONMENTAL QUALITY