

APR-7-2005 09:52A FROM:

TO: 16013600535

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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 #: Q-75
 L. S. Elevation: _____
 B-log #: _____

County: Amite
 Permit #: _____
 Driller: Inawis Boone
 Date drilling completed: 3-7-05

Boone Water Well Service

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>Jo Anne Winding</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3750 Winding Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Liberty, Mo</u>	<u>1/4</u> <u>1/4</u> Sec. <u>7</u> Twn <u>2N</u> Rng <u>5E</u>
<u>39645</u>	Distance <u>2</u> Miles <u>E</u> Direction of <u>Liberty</u> Nearest Town
City State Zip Code	
Telephone No. <u>(601) 657 4045</u>	

Well Data

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

Date well drilling started: 3-7-05 Date well drilling completed: 3-7-05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 3-7-05

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

Hole depth: _____ Well depth: 145 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ 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.

TRAVIS BOONE 0-514
 Print Name of Water Well Contractor and License No.

Inawis Boone
 Signature of Water Well Contractor

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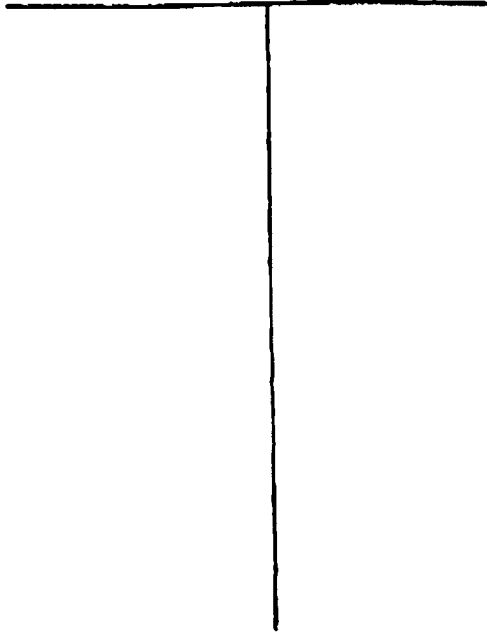
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If well telescopes please sketch below and show depths.

ϕ - 75

Ground Level



Description of Formations Encountered	From	To
10' gravel	0	105
clay	105	105
sand	105	145

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.

Landowner Name: Jo Anne Winding

David Beene
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

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

Agitor: _____
 Well #: Φ-75
 Division: _____

County: Amite
 Parish: Jarvis Boone
 Date completed: 3-8-05

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

Owner Name: Mr James Winding Rd
 Mailing Address: 3750 Winding Rd
Jarvis Boone MS
 City: _____ State: _____ Zip Code: 39445
 Telephone No: 601-657-4045

Well Location

Latitude: _____ Longitude: _____
 Method of Location (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 Sec 7 Twp 2N Rng 5E
 Distance: _____ Direction: _____ Nearest Town: _____
 2 Miles E of Liberty

Pump Type

Circle one

Air Lift: Jet Submersible
 Bucket: _____
 Castings: _____
 Material: _____
 Flowing Well: _____
 Other (specify): _____

Deep Pump Installed: 3-8-05
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine: _____
 Gasoline Engine: _____
 Hand: _____
 Tractor PTO: _____
 Electric Motor: _____
 Windmill: _____
 Other (specify): _____

Motor Power Rating of Motor: _____
 Setting Depth: 100 ft
 Number of Stages: _____

Pump Test Data

Circle one

Deep Well Test: 3-8-05
 Static Water Level (A): 70 Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown (B) - (A): _____
 Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (test runs & hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line: _____
 Electric Measuring Line: _____
 Steel Tape: _____
 Other (specify): Strapping Line
 For flowing well, measured that in head: _____ feet
 Well yielded: _____
 GPM with a drawdown of _____
 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable): Jarvis Boone 0-514
 Signature of Pump Installer: _____