

# 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)

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 11-15-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q-80  
 L.S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Shelia Stewart</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3683 Wooding Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> 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>
City: _____ State: _____ Zip Code: <u>39145</u>	Distance: <u>3 1/2</u> Miles Direction: <u>E</u> of Nearest Town: <u>Liberty</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 11-15-05 Date well drilling completed: 11-15-05

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11-15-05

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

Hole depth: \_\_\_\_\_ Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 135 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 135 feet to 155 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: \_\_\_\_\_ 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. Signature of Water Well Contractor

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 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)334-6938 (fax)

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 11-15-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-80  
 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>Shelia Stewart</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3683 Winding Rd.</u> <u>Liberty, MO</u> <u>39645</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ N _____ W Sec <u>7</u> Twp <u>2N</u> Rng <u>5E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>342 Miles E of Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Countingal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump installed: <u>11-15-05</u>	Setting Depth: <u>125</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-15-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Foot Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shot in head: _____ feet
Drawdown [(B) - (A)]: _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>160 E</u> 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.

Travis Boone 0-514 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR

