

OCT-18-2002 08:43A FROM:

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P: 1

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)334-6938 (fax)

County: Leflore
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 9-18-07

For Office Use Only:
 Aquifer: _____
 Well #: D-110
 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>Sean Porter</u>	Latitude: <u>32.02.32"</u>	Longitude: <u>90.26.32"</u>	
Mailing Address: <u>34024 Hwy 27</u> <u>Crystal Springs</u> <u>39059</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		
City: _____ State: _____ Zip Code: _____	1/4 Sec <u>6</u> Twp <u>12N</u> Rng <u>2W</u>		
Telephone No. () _____	Distance: <u>7 1/2</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Crystal Springs</u>
Well Data			
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
Date well drilling started: <u>9-18-07</u>		Date well drilling completed: <u>9-18-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>30</u> feet above or below (circle one) land surface Date measured: <u>9-18-07</u>			
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: <u>StringLine</u>			
Hole depth: _____		Well depth: <u>175</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix			
Casing length: <u>155</u> feet		Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40</u>	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches Type of screen: <u>Sch 40</u>	
Screen slot size: <u>8</u> inches Setting depth: From _____ foot to _____ foot			
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.			
Print Name of Water Well Contractor and License No. <u>Travis Boone D-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

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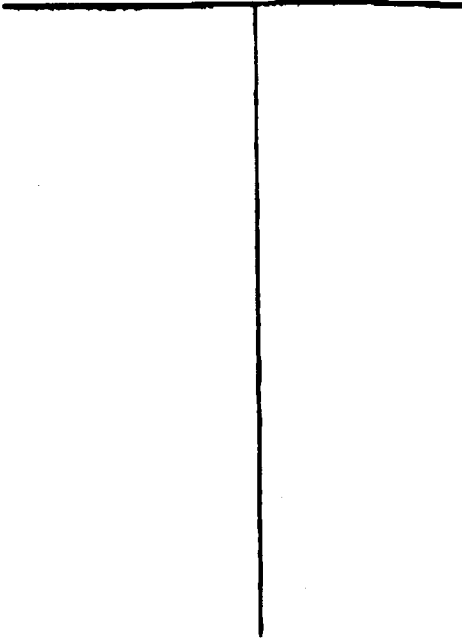
TO: 16013600535

P:3

D-110

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
<i>Clay</i>	<i>0</i>	<i>125</i>
<i>sand</i>	<i>125</i>	<i>175</i>

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: *Seem Powell*

[Signature]
 Signature of Water Well Contractor

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P:2

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: Copiah
 Permit #: _____
 Diller: Travis Boone
 Date completed: 9-18-07

For Office Use Only
 Aquifer: _____
 Well #: D-110
 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>Joan Porter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>34024 Hwy 27</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Crystal Springs</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39059</u>	_____ 1/4 _____ 1/4 Sec <u>16</u> Twp <u>12N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>7 1/2 Miles NW of Crystal Springs</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
Centrifugal Rotary Flaring Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-18-07</u>	Setting Depth: <u>55</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: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tube</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in back: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>160 F</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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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