

County: COVINGTON 021  
 Permit #: \_\_\_\_\_  
 Driller: TRAVIS Boone  
 Date drilling completed: 2-24-05

# 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 #: B-48  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>HAROLD JACKSON</u>		Latitude: _____ " Longitude: _____ "	
Mailing Address: <u>Hwy 49 S</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Mt. Olive 39119</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City _____ State _____ Zip Code _____		_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>9N</u> Rng <u>16W</u>	
Telephone No. ( ) <u>303-3030</u>		Distance _____ Direction _____ Nearest Town _____	
		<u>2</u> Miles <u>SE</u> of <u>MT OLIVE</u>	

**Well Data**

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

Date well drilling started: 2-24-05 Date well drilling completed: 2-24-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 2-24-05

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

Hole depth: \_\_\_\_\_ Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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 \_\_\_\_\_ feet to \_\_\_\_\_ 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

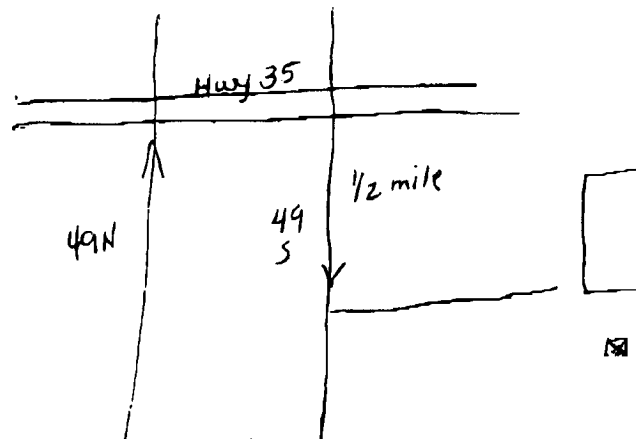
B-48

### Description of Formations Encountered

From	To
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[illegible]

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: HAROLD JACKSON

James Boone  
Signature of Water Well Contractor

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# 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: COVINGTON  
Permit #: \_\_\_\_\_  
Driller: TRAVIS BOONE  
Date completed: 2-24-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 13-48  
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>HAROLD JACKSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 49 S</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Mt. Olive 39119</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>19</u> Twn <u>9N</u> Rng <u>16W</u>
Telephone No. ( ) <u>303-3030</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>SE</u> of <u>Mt. Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-24-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-24-05</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>STRING LINE</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.

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

RECEIVED

MAR 22 2005

BY: OLWR