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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)

County: Covington
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 4-7-06

For Office Use Only:
 Aquifer: _____
 Well #: E-44
 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 #2		Well Location	
Owner Name: <u>Bob Shermake</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey.	
Mailing Address: <u>420 Dan Carderling</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Callins, Ma</u>	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>8N</u> Rng <u>17W</u>		
<u>39428</u>	Distance	Direction	Nearest Town
City State Zip Code	<u>1.6</u> Miles	<u>SW</u>	of <u>Mt. Olive</u>
Telephone No. () _____			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken House</u>			
Date well drilling started: <u>4-7-06</u>		Date well drilling completed: <u>4-7-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>35</u> feet above of <u>below</u> (circle one) land surface		Date measured: <u>4-7-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Hole depth: _____	Well depth: <u>170</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>150</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 <u>150</u> feet to <u>170</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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.			
<u>Travis Boone 0-514</u>		<u>Travis Boone</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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E-44

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay sand	0	10
	10	170

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: Bob Shremake

Signature of Wellbore 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 10651
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Lovington
 Permit #: _____
 Installer: Travis Boone
 Date completed: 4-7-06

For Office Use Only:
 Aquifer: _____
 Well #: E-44
 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>Bob Shornake</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>620 Dan Easterling</u> <u>Collins, Me</u> <u>39428</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: _____	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>8N</u> Rng <u>17W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>6 Miles SW</u> of <u>Mt Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>4-7-06</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-7-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</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: <u>6000</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)

Travis Boone
 Signature of Pump Installer

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