

MAR-9-2002 02:03P FROM:

TD: 16013600535

P: 1

#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)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E-46
 L. S. Elevation: _____
 B-log #: _____

County: Covington
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 6-1-06

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>Randolph Ray</u> | Latitude: " " " Longitude: " " " |
| Mailing Address: <u>245 Pittman Rd</u> <u>Mt. Olive Mo</u> <u>39119</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>8N</u> Rng <u>17W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Mt. Olive</u> |
| Well Data | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken house</u> | |
| Date well drilling started: <u>6-1-06</u> Date well drilling completed: <u>6-1-06</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>85</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-1-06</u> | |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u> | |
| Hole depth: _____ Well depth: <u>180</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mlx | |
| Casing length: <u>160</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>160</u> feet to <u>180</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. | |
| Print Name of Water Well Contractor and License No. <u>Travis Boone D-514</u> | Signature of Water Well Contractor <u>Travis Boone</u> |

MAR-9-2002 02:03P FROM:

TD: 16013600535

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

County: Leflore
 Permit #: _____
 Driller: Travis Boone
 Date completed: 6-1-06

For Office Use Only:
 Aquifer: _____
 Well #: E-46
 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>Randolph Ray</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>245 Pittman Rd</u> <u>MT ALIVE, MS 39119</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>1/4</u> <u>1/4</u> Sec. <u>4</u> Twn <u>8N</u> Rng <u>17W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SW</u> of <u>mt. Alve</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>6-1-06</u> | Setting Depth: <u>120</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>6-1-06</u> | Air Lift <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>85</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>167 DE</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hour | |

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

MAR-9-2002 02:04P FROM:

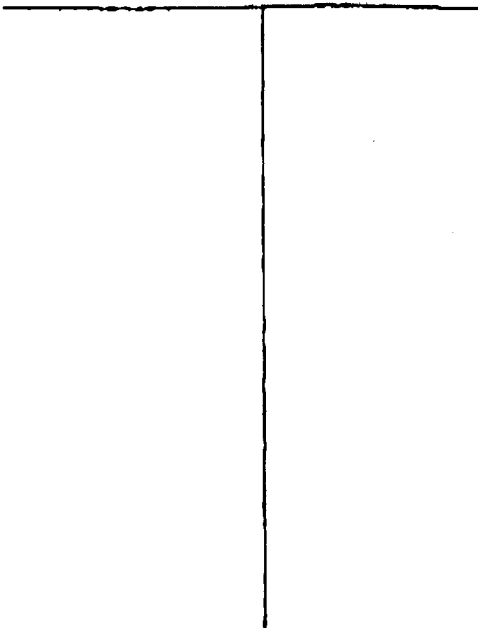
TO: 16013600535

P:3

E-46

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 15 |
| Sand | 15 | 180 |
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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: Randolph Ray

[Signature]
Signature of Water Well Contractor