

JAN-3-2002 02:22P FROM:

TD:16013600535

P:1

x 2

County: Lovington
 Permit #: _____
 Date: Travis Boone
 Date drilling completed: 5-14-08

State Well Report
Part I
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10691
 Jackson, MS 39209-0691
 (601)961-5110
 (601)354-6938 (fax)

For Office Use Only
 Aquifer: _____
 Well #: E-52
 L. S. Number: _____
 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>Bob Shoemaker</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): <u>Conventional Survey</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Mailing Address: <u>6220 Dan Easterling Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ " _____ " _____ " _____ "
<u>Collins MS</u>	_____ " _____ " _____ " _____ "	_____ " _____ " _____ " _____ "	_____ " _____ " _____ " _____ "
<u>39428</u>	_____ " _____ " _____ " _____ "	_____ " _____ " _____ " _____ "	_____ " _____ " _____ " _____ "
City State Zip Code	_____ " _____ " _____ " _____ "	_____ " _____ " _____ " _____ "	_____ " _____ " _____ " _____ "
Telephone No. () _____	Distance _____ Miles	Direction <u>SW</u>	Nearest Town <u>McAlister</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>5-14-08</u>		Date well drilling completed: <u>5-14-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>35</u> feet above or below (circle one) land surface		Date measured: <u>5-14-08</u>	
Method of Measurement (circle one) steel tape electronic tape air line other: <u>StringLine</u>			
Hole depth: _____		Well depth: <u>170</u>	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Concrete</u> Bentonite Mix			
Casing length: <u>150</u> feet		Casing diameter: <u>4</u> inches	
Type of casing: <u>sch 40</u>		Type of casing: _____	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches	
Type of screen: <u>sch 40</u>		Type of screen: _____	
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> Unstimulated Tubedwell Open hole Natural Development			
Other (describe): _____			
Top of log pipe or reduction in casing: _____ feet. If tubedwell 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		<u>Travis Boone</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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STATE WELL REPORT

Form 2

Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 3886
Tallahassee, FL 32304-0386
(904) 412-2510
(904) 412-2511 (fax)

County Collier
 Well No. Travis Boone
 Date Installed 5-14-08

Well ID No. 6-52
 Date 5-14-08

This report should be prepared by the pump installer or owner and filed with the Department of Environmental Quality.

Well Owner Information	Well Location
Owner Name <u>Bob Holmbeck</u>	Latitude _____ Longitude _____
Mailing Address <u>1420 Sawtooth Ridge Rd</u>	Method of Locating Well (e.g., Corner, Survey, etc.)
<u>Collier, FL</u>	<u>USGS Quad, NAD 83, Zone 18N, Easting 685</u>
City <u>39498</u>	_____ N _____ E of _____ 10' from _____ 17' W
Telephone No. () _____	Name of Section <u>La</u> Range <u>SW</u> Section <u>10</u>

Pump Type Cabinet	Pump Type Cabinet
APLH <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Hand Piped <input type="checkbox"/> Cased <input type="checkbox"/> Hand Drilled
Seal <input type="checkbox"/> None <input type="checkbox"/> Teflon	<input checked="" type="checkbox"/> Single Stage <input type="checkbox"/> Dual <input type="checkbox"/> Three Stage
Control <input type="checkbox"/> Battery <input type="checkbox"/> Floating Well	Material <input type="checkbox"/> Color (e.g., Blue)
Other Remarks _____	How Power Being Obtained <u>3</u>
Date Pump Installed <u>5-14-08</u>	Setting Depth <u>100</u> ft
Rated Pump Capacity <u>3.5</u> GPM @ _____ ft	Number of Stages _____

Pump Well Data	Water Leveling Well Log Cabinet
Date Well Bored <u>5-14-08</u>	APLH <input type="checkbox"/> Hand Monitoring <input type="checkbox"/> Hand Type
Static Water Level (ft) <u>35</u> feet below land surface	Control <u>String Line</u>
Water Level (ft) _____ feet below land surface	For boring well, measured data is best _____ feet
Pressure (PSI) _____ PSI below land surface	was plotted _____ PSI observations of _____
Test Pumping Rate <u>100 GPM</u> @ _____ ft	_____ feet at _____ feet depth
Duration of Pump Test (hours:minutes) _____	

I HEREBY CERTIFY that the above information is true to the best of my knowledge.

Travis Boone _____

