

JAN-3-2002 02:40P FROM:

TO:16013600535

P:1

x2

County: Lovington  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 5-15-08

**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)

Per Office Use Only:  
 Appifer: \_\_\_\_\_  
 Well #: E-53  
 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>Bob Shoemaker</u>		Latitude: _____ Longitude: _____	
Mailing Address: <u>620 Dan Easterling Rd</u> <u>Collins, MS</u> <u>39428</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
City _____	State _____	Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>10</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>5-15-08</u>		Date well drilling completed: <u>5-15-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>35</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>5-15-08</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>Common</u> Bentonite Mlx			
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 this 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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# STATE WELL REPORT

## Part 2

Pump Installer's Certification Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10031  
 Jackson, MS 39209-0031  
 (601)961-5210  
 (601)934-0730 (fax)

County: Cornington  
 Permit #: \_\_\_\_\_  
 Installer: Travis Boone  
 Date completed: 5-15-08

Permittee Site Name  
 Agency: \_\_\_\_\_  
 Well #: E-53  
 Location: \_\_\_\_\_

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 Shoemaker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1020 Sam Foster Hwy Rd</u> <u>Collins, MS</u> <u>39428</u>	Method of Locating (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>4</u> N <u>10</u> W <u>24</u> E <u>17W</u>
Telephone No. (_____) _____	Distance _____ Direction <u>SW</u> Nearest Town <u>Mid Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Rated Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>5-15-08</u>	casing Depth: <u>100</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>5-15-08</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 static in back: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>100</u> GPM (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 available) \_\_\_\_\_  
 Signature of Pump Installer \_\_\_\_\_