

### State Well Report

#### Part I

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: Louisa  
 Permit #: \_\_\_\_\_  
 Driller: TRAVIS BOONE  
 Date drilling completed: 8-25-04  
2 & S Water Well Drilling

For Office Use Only:  
 Acquirer: \_\_\_\_\_  
 Well #: K-48  
 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>Charles Mooney</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>49 Orange Sanford Rd</u> <u>Seminary, Mo</u> <u>39479</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec. <u>26</u> Twn <u>7N</u> Rng <u>15W</u>	
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction <u>SE</u>	Nearest Town <u>Seminary</u>
Telephone No. (_____) _____	Well Data		
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	Date well drilling started: <u>8-25-04</u> Date well drilling completed: <u>8-25-04</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>40</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>8-25-04</u>		
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: <u>string line</u>	Hole depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>18</u> feet		
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	Casing length: <u>120</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>120</u> feet to <u>140</u> feet		
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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>[Signature]</u>		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		



# 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: 8-25-04

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K-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>Charles Mooney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>49 Orange Sanford Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Seminary Ms</u>	<input type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>39479</u>	<u>1/4</u> <u>1/4</u> Sec. <u>26</u> Twn <u>7N</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>SE</u> of <u>Seminary</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-25-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-25-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</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)

Travis Boone  
 Signature of Pump Installer

RECORDED  
 SEP 24 2004  
 BUREAU