

JAN-3-2002 01:27P FROM:

TO: 16013600535

P:4

County: Calhoun  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 5-13-08

### 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)

Per Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-78  
 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>Don Lawin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1016 Oak Dale Church Rd.</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
<u>Seminary, Ms</u>	<u>1</u> <sup>1</sup> / <sub>4</sub> <u>1</u> <sup>1</sup> / <sub>4</sub> Sec <u>1</u> Twn <u>16N</u> Rng <u>16W</u>
<u>39479</u>	Distance Direction Nearest Town
City State Zip Code	<u>5</u> Miles <u>SW</u> of <u>Seminary</u>
Telephone No. ( ) _____	

**Well Data**

Purpose of Well (circle one):  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

Date well drilling started: 5-13-08 Date well drilling completed: 5-13-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-13-08

Method of Measurement (circle one):  steel tape  electric tape  air line other: StringLine

Hole depth: \_\_\_\_\_ Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 8 inches Setting depth: From 120 feet to 140 feet

Type of completion (circle all applicable):  Gravel packed  Underdrained  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of log 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.

Travis Boone 0-514  
 Print Name of Water Well Contractor and License No.

Travis Boone  
 Signature of Water Well Contractor



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TD:16013600535

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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 10071  
 Jackson, MS 39208-0071  
 (601)961-9210  
 (601)254-6738 (fax)

For Office Use Only

Aplic:

WOB: M-78

Monitor:

County: Covington  
 Permit #: \_\_\_\_\_  
 Date: Travis Boone  
 Date completed: 5-13-08

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>Don Dorman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10116 Oak Dale Church Rd</u> <u>Amurary, ms</u> <u>39479</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ N _____ S _____ E _____ W _____
Telephone No. (_____) _____	Distance: _____ Direction: <u>SW</u> Nearest Town: <u>Amurary?</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> : _____ Hand: _____ Tractor PTO: _____
Compressed: _____ Rotary: _____ Floating Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Name Power Rating of Motor: _____
Date Pump Installed: <u>5-13-08</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>5-13-08</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level (AL): <u>70</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (PL): _____ Feet Below Land Surface	For flowing well, measured static in back: _____ feet
Drawdown (D) - (AL): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>110 DE</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 Mailing No. (if applicable)

Travis Boone  
 Signature of Pump Installer