

FEB-14-2007 09:14A FROM:

TO: 16013600535

P: 1

County: Jordan
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 1-14-07

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 #: A-90
 L. S. Elevation: _____
 B-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>Joseph A. Forreman</u>	Latitude: _____ " Longitude: _____ "		
Mailing Address: <u>3354 Hwy 42</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Walthamburg, Mo</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: <u>65402</u>	<u>14</u> W <u>5</u> Sec <u>5N</u> Twn <u>14W</u> Rng		
Telephone No. () _____	Distance: <u>7</u> Miles Direction: <u>E</u> of Nearest Town: <u>Lumball</u>		
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>1-13-07</u>		Date well drilling completed: <u>1-14-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>90</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>1-14-07</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: <u>String Line</u>			
Hole depth: _____		Well depth: <u>360</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>350</u> feet		Casing diameter: <u>2 1/4</u> inches Type of casing: <u>Sch 40</u>	
Screen length: <u>10</u> feet		Screen diameter: <u>2 1/4</u> inches Type of screen: <u>Sch 40</u>	
Screen slot size: <u>8</u> inches		Setting depth: From <u>350</u> feet to <u>360</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 0-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

RECEIVED

FEB 14 2007

BY: OLWR

P:3

A-90

Ground Level

[illegible]

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) indicates direction.

Landowner Name:

Joseph J. Forman

Stomach of White Wolf Contaminator

BY: OLWR

FEB-14-2007 09:14A FROM:

TO: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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Forrest
Permit #: _____
Diller: Travis Boone
Date completed: 1-14-07

For Office Use Only:

Aquifer: _____
Well #: A-90
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>Joseph Foreman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3354 Hattiesburg</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>3354 Hwy 42</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hattiesburg, MS</u>	_____ 4 _____ 4 Sec <u>5</u> Twn <u>5N</u> Rng <u>14W</u>
City _____ State _____ Zip Code <u>39402</u>	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>7</u> Miles <u>E</u> of <u>Sumrall</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>Hand pump</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>1-14-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-14-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</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>3</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 License No. (if applicable)

Travis Boone
Signature of Pump Installer

RECEIVED

FEB 14 2007

BY: OLWR