

### 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: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: TRAVIS BOONE  
 Date drilling completed: 11-22-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-81  
 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>Tim Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1819 Hwy 42 #</u> <u>Petal, MS</u> <u>39465</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> Sec <u>25</u> Twn <u>5N</u> Rng <u>12W</u>
Telephone No. (_____) _____	Distance _____ Miles Direction _____ of Nearest Town <u>Petal</u>

**Well Data**

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

Date well drilling started: 11-22-05 Date well drilling completed: 11-22-05

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

Static Water Level: 40 feet above of below (circle one) land surface Date measured: 11-22-05

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

Hole depth: \_\_\_\_\_ Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 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 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed 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.

TRAVIS BOONE 0-514 \_\_\_\_\_  
 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 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 #: \_\_\_\_\_  
 Driller: TRAVIS BOONE  
 Date completed: 11-22-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C-51  
 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>Tim Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1819 Hwy 42</u> <u>Petal, MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>39465</u> City State Zip Code	<u>16</u> W Sec <u>25</u> Twn <u>5N</u> Rng <u>12W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>11-22-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-22-05</u>	Air Line Electric Measuring Line Steel Tape
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: <u>350F</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 0-514  
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone  
 Signature of Pump Installer

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 DEC 19 2005  
 BY: OLWR

