

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)

County: Jarvis
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 7-5-06

For Office Use Only:
 Aquifer: _____
 Well #: C-85
 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>Cynthia Johnson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>47 Boston Lane</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Petal, ms</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39465</u> | <u>4</u> <u>4</u> Sec <u>17</u> Twn <u>5N</u> Rng <u>12W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | <u>5</u> Miles <u>NF</u> of <u>Petal</u> |

Well Data

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

Date well drilling started: 7-5-06 Date well drilling completed: 7-5-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-5-06

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

Hole depth: _____ Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 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 60 feet to 80 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.

Travis Boone
 Signature of Water Well Contractor

APR-11-2002 06:05A FROM:

TO:16013600535

P:5

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: 7-5-06

For Office Use Only:
 Aquifer: _____
 Well #: C-85
 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>Cynthia Johnson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>47 Coston Lane</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Petal, Ms</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39465</u> | _____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>5N</u> Rng <u>12W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>5</u> Miles <u>NE</u> of <u>Petal</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>7-5-06</u> | Setting Depth: <u>70</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>7-5-06</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Other (specify): <u>String Line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured start 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>16.05</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