

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 235
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 1-6-05

For Office Use Only:
 Aquifer: _____
 Well #: E-64
 L. S. Elevation: _____
 E-log #: _____

Boone Water Well Service

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>Jason Baham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>254 Broken Arrow Trail</u> <u>Petal, Ms. 39465</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>4N</u> Rng <u>12W</u>
Telephone No. <u>(601) 297-2888</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles <u>E</u> of <u>Petal</u>

Well Data

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

Date well drilling started: 1-6-05 Date well drilling completed: 1-6-05

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 1-7-05

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

Hole depth: _____ Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 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 180 feet to 200 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

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If well telescopes please sketch below and show depths.

Ground Level E-64

Description of Formations Encountered

	From	To
Clay	0	15
sand	15	60
Clay	60	90
sand	90	200

If more than one screen, show location of each on sketch

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) indicate direction.

Landowner Name: Joann Bahrim

Joann Bahrim
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: Jarvis
 Permit #: _____
 Driller: Travis Boone
 Date completed: 1-7-05

For Office Use Only:

Aquifer: _____
 Well #: E-64
 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>Jaxon Robinson</u> Mailing Address: <u>254 Broken Arrow Trail</u> <u>Petal, Ms. 39465</u> City: _____ State: _____ Zip Code: _____ Telephone No. <u>(601) 297-2888</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>4N</u> Rng <u>12W</u> Distance: <u>4</u> Miles Direction: <u>E</u> of Nearest Town: <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Jet: _____ <u>Submersible</u> Bucket: _____ Piston: _____ Turbine: _____ Centrifugal: _____ Rotary: _____ Flowing Well: _____ Other (specify): _____ Date Pump Installed: <u>1-7-05</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____ <u>Electric Motor</u> : _____ Hand: _____ Tractor PTO: _____ Windmill: _____ Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>145</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-7-05</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____ Other (specify): <u>string line</u> For flowing well, measured static head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

RECEIVED

FEB 04 2005

BY: OLWR