

OCT-26-2002 12:56P FROM:

TO:16013600535

P:4

### 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: Jones  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 9-26-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-72  
 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>Ivan Marino</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>668 Luther Coates Rd</u> <u>Petal, MS 39466</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>22</u> Twp <u>4N</u> Rng <u>12W</u>	
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____	_____ Miles <u>SE</u> of <u>Petal</u>	
Telephone No. (_____) _____	Well Data		
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>9-26-07</u> Date well drilling completed: <u>9-26-07</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>55</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-26-07</u>		
Method of Measurement (circle one): steel tape electric tape air line other: <u>String Line</u>	Hole depth: _____ Well depth: <u>95</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Concrete</u> Bentonite Mix	Casing length: <u>75</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Sch 40</u>	Screen slot size: <u>8</u> inches Setting depth: From <u>75</u> feet to <u>95</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	Other (describe): _____		
Top of tap 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.		
<u>Travis Boone 0-514</u>	<u>Travis Boone</u>		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

RECEIVED

OCT 29 2007

BY: OLWR



OCT-26-2002 12:56P 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 10691  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Forrest  
 Permit #: \_\_\_\_\_  
 Diller: Travis Boone  
 Date completed: 9-26-07

**For Other Use Only**  
 Aquifer: \_\_\_\_\_  
 Well #: E-72  
 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>Ivan Masino</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>668 Luther Center Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Petal, Ms. 39466</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 Sec 22 Twp 4N Rng 12W</u>
Telephone No. (____)	Distance Direction Nearest Town
	<u>7 miles SE of 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): _____	Flows Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>9-26-07</u>	Setting Depth: <u>8.5</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>9-26-07</u>	Air Line Electric Measuring Line <u>Steel Tube</u>
Static Water Level (A): <u>5.5</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>35.0E</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) Signature of Pump Installer

RECEIVED  
 OCT 29 2007  
 BY: OLWR