

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 #: E-75
L.S. Elevation: _____
B-log #: _____

County: Jackson
Permit #: _____
Driller: Travis Boone
Date drilling completed: 3-19-08

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>Matt Horrin</u>	Latitude: _____ " Longitude: _____ "	Mailing Address: <u>243 Sunrise Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Petal, MS</u>	_____ 4 Sec <u>17</u> Twn <u>4N</u> Rng <u>12W</u>	<u>39465</u>	Distance _____ Miles Direction <u>SE</u> of <u>Petal</u>
City _____ State _____ Zip Code _____	Telephone No. (_____) _____		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-19-08</u> Date well drilling completed: <u>3-19-08</u>			
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>50</u> feet above or below (circle one) land surface Date measured: <u>3-19-08</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Rc depth: _____ Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Common</u> Bentonite Mix			
Casing length: <u>140</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>140</u> feet to <u>160</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.			
<u>Travis Boone 0-514</u>		<u>Travis Boone</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY: OLWB

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10071
 Jackson, MS 39238-0071
 (601)961-3210
 (801)554-0738 (fax)

County: Jones
 Permit #: _____
 Driller: Travis Boone
 Date completed: 3-19-08

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Appr: _____
 Well #: E-75
 Encoder: _____

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>Matt Herlem</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>243 Sunrise Rd</u>	Method of Lat/Long (circle one): <u>Compass/odometer Survey,</u>
<u>Petal ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: _____ <u>39465</u>	_____ N _____ W Sec <u>17</u> Twp <u>4N</u> Rng <u>12W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air LM <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Diaphragm <input type="checkbox"/> Plunger <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Phase Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-19-08</u>	Setting Depth: <u>100</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>3-19-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Still Tube <input type="checkbox"/>
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 static is least: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>11.0 GPM</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

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