

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: Jordan
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 3-20-08

Per Office Use Only:

Aquifer: _____
 Well #: 6-126
 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>Larry Waddy</u>	Latitude: " _____ " Longitude: " _____ "
Mailing Address: <u>Old River Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Petal, MS</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>39465</u>	<u>4</u> <u>4</u> Sec <u>11</u> Twn <u>3N</u> Rng <u>12W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Petal</u>
Well Data	
Purpose of Well (circle one): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>3-20-08</u> Date well drilling completed: <u>3-20-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>6</u> feet above or below (circle one) land surface Date measured: <u>3-20-08</u>	
Method of Measurement (circle one): <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: <u>StringLine</u>	
Hole depth: _____ Well depth: <u>65</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>45</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>45</u> feet to <u>65</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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 <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutros <input type="checkbox"/> 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.	
Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u>	Signature of Water Well Contractor <u>Travis Boone</u>

RECEIVED

APR 21 2008

BY: OLWR

FEB-1-2002 01:38P FROM:

P:7

10:16013600535

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10031
 Jackson, MS 39208-0031
 (601) 961-3210
 (800) 354-6738 (fax)

County: Forrest
 Parish: _____
 District: Travis Boone
 Date completed: 3-20-08

Permit No. Only
 Aquifer: _____
 Well #: 5-126
 Elevator: _____

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>Larry Weldy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Old River Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Petal ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>394105</u>	<u>W</u> _____ <u>N</u> _____ <u>Sec</u> <u>11</u> <u>Twp</u> <u>3N</u> <u>Range</u> <u>12W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (_____) _____	<u>7</u> miles <u>SE</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<u>Submersible</u> <input checked="" type="checkbox"/>	Manual Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tanker PTO <input type="checkbox"/>
Commingal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Battery <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Name Power Rating of Motor: <u>2</u>
Other (specify): _____	Spring Depth: <u>50</u> feet
Date Pump Installed: <u>3-20-08</u>	Number of Stages: _____
Rated Pump Capacity: <u>2.7</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date WBL Tested: <u>3-20-08</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>6</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown (B) - (A): _____ Feet Below Land Surface	Other (specify): <u>string line</u>
Test Pumping Rate: <u>35.0F</u> Gallons Per Minute	For flowing well, measured draw in test: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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 _____
 Pump Installer and License No. (if available) _____
 Signature of Pump Installer _____

RECEIVED

APR 21 2008

BY: OLWR

FEB-1-2002 01:38P FROM: