

40000000  
 County: Itasca  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 3-8-06

**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 #: L-57  
 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>Michelle Clinean</u>                            | Latitude: _____ Longitude: _____                                                                    |
| Mailing Address: <u>159 Old 49 South</u><br><u>Wiggins, Mo</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: <u>39577</u>                | _____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>15</u> Rng <u>12W</u>                                      |
| Telephone No. (_____) _____                                    | Distance: <u>3 1/2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Wiggins</u>                    |

**Well Data**

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

Date well drilling started: 3-8-06 Date well drilling completed: 3-8-06

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 3-8-06

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

Hole depth: \_\_\_\_\_ Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 85 feet to 105 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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*Forest*

# 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)334-6938 (fax)

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 3-8-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-57  
 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>Michelle Cuevas</u>                                             | Latitude: _____ Longitude: _____                                                                    |
| Mailing Address: <u>159 Old 49 South</u><br><u>Wiggins, MS</u><br><u>39577</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code                                                            | 1/4 _____ 1/4 Sec. <u>34</u> Twp. <u>15</u> Rng. <u>12W</u>                                         |
| Telephone No. ( ) _____                                                        | Distance Direction Nearest Town<br><u>3 1/2</u> Miles <u>N</u> of <u>Wiggins</u>                    |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one                                         |
|-----------------------------------------------------------|------------------------------------------------------------------|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>1</u>                            |
| Date Pump Installed: <u>3-8-06</u>                        | Setting Depth: <u>85</u> feet                                    |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute         | Number of Stages: _____                                          |

| Pump Test Data                                            | Method of Measuring Water Level<br>Circle one                                     |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date Well Tested: <u>3-8-06</u>                           | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): <u>40</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>160F</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

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