

# 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 #: M-96  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 5-25-05

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>Ellen Young</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>4 Makinley Ln</u><br><u>Lumberton, MS</u><br><u>39455</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                      | <u>1/4</u> <u>1/4</u> Sec <u>4</u> Twn <u>15</u> Rng <u>13W</u>                                     |
| Telephone No. (____) _____  | Distance _____ Direction _____ Nearest Town _____<br><u>10</u> Miles <u>E</u> of <u>Lumberton</u>   |

**Well Data**

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

Date well drilling started: 5-24-05 Date well drilling completed: 5-25-05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-25-05

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

Hole depth: \_\_\_\_\_ Well depth: 285 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 265 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 265 feet to 285 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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 JUN 17 2005  
 BY: OLWR



# 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: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 5-25-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-96  
 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>Ellen Young</u><br>Mailing Address: <u>4 Makinley Ln</u><br><u>Lumberton, MS</u><br><u>39455</u><br>City State Zip Code<br>Telephone No. ( ) _____ | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <u>Conventional Survey</u><br><u>USGS quad, Hand-held GPS, Survey-grade GPS</u><br><u>1/4 Sec 4 Twp 15 Rng 13W</u><br>Distance Direction Nearest Town<br><u>10 Miles E of Lumberton</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u><br>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/><br>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/><br>Other (specify): _____<br>Date Pump Installed: <u>5-25-05</u><br>Rated Pump Capacity: _____ Gallons Per Minute | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/><br><u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/><br>Windmill <input type="checkbox"/> Other (specify): _____<br>Horse Power Rating of Motor: <u>1</u><br>Setting Depth: <u>100</u> feet<br>Number of Stages: _____ |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>5-25-05</u><br>Static Water Level (A): <u>70</u> Feet Below Land Surface<br>Pumping Water Level (B): _____ Feet Below Land Surface<br>Drawdown ((B) - (A)): _____ Feet Below Land Surface<br>Test Pumping Rate: _____ Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/><br>Other (specify): <u>string line</u><br>For flowing well, measured shut in head: _____ feet<br>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) Signature of Pump Installer

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 JUN 17 2005  
 BY: OLWR