

JAN-31-2002 03:54A FROM:

TD:16013600535

P:1

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: Greene
 Parish #: _____
 Driller: Travis Boone
 Date drilling completed: 4-30-08

For Office Use Only:
 Aquifer: _____
 Well #: F-14
 L. S. Elevation: _____
 B-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>Paul Bourda</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>6635 Neely Avera Rd</u> <u>Neely, MS 39461</u>	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>4N</u> Rng <u>7W</u>	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Neely</u>	
City _____ State _____ Zip Code _____	Well Data		
Telephone No. (____) _____	Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____		
	Date well drilling started: <u>4-30-08</u> Date well drilling completed: <u>4-30-08</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>70</u> feet above of <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>4-30-08</u>		
	Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: <u>String Line</u>		
	Hole depth: _____ Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix		
	Casing length: <u>100</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>100</u> feet to <u>120</u> feet		
	Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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
 JUN 01 2008
 BY: OLWR

JAN-31-2002 03:54A FROM:

TD:16013600535

P:3

F-14

If well telescopes please sketch below and show depths.

Ground Level

Blank area for sketching well telescopes and showing depths.

Description of Formation Encountered

Description of Formation Encountered	From	To
Sand	0	35
Clay	35	80
Sand	80	120

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other issues that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Paul Bounds

[Signature]
Signature of Well Well Contractor

RECEIVED

JUN 01 2008

BY: OLWR

JAN-31-2002 03:54A FROM:

TO:16013600535

P:2

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10091
 Jackson, MS 39208-0091
 (601)961-3230
 (800)254-0930 (fax)

County: Greene
 Permit #: _____
 Installer: Travis Boone
 Date completed: 4-30-08

For Office Use Only
 Aquifer: _____
 Well #: F-14
 Reviser: _____

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>Paul Bourds</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10635 Neely Overcast</u> <u>Neely, MS 39461</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ N _____ W Sec <u>31</u> Twp <u>4N</u> Rng <u>7W</u>
Telephone No. (_____) _____	Distance _____ Division _____ Nearest Town _____ <u>10</u> miles <u>N</u> of <u>Neely</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Direct Engine <input type="checkbox"/> Generator Engine <input type="checkbox"/> Manual Gas <input type="checkbox"/>
Diaphragm <input type="checkbox"/> Plunger <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Countingal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-30-08</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>4-30-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Seal Type _____
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in back: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>116 OE</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 available) _____
Travis Boone
 Signature of Pump Installer _____

RECEIVED
 JUN 01 2008
 BY: OLWR