

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 #: N-62
L. S. Elevation: _____
E-log #: _____

County: Green
Permit #: _____
Driller: Travis Boone
Date drilling completed: 1-10-07

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>Frank Jaylor</u>	Latitude: _____ " Longitude: _____	Mailing Address: <u>19591 Hwy 57</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McLain, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS	<u>39456</u>	_____ 1/4 _____ 1/4 Sec <u>27</u> Twp <u>2N</u> Rng <u>8W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction _____ of Nearest Town _____	Telephone No. (____) _____	
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>1-10-07</u> Date well drilling completed: <u>1-10-07</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>60</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-10-07</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>StringLine</u>			
Hole depth: _____ Well depth: <u>260</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>240</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40</u>			
Screens 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 Sorting depth: From <u>240</u> feet to <u>260</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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N-62

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered

From To

Sand	0	10
Clay	10	200
Sand	200	260

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)

For Office Use Only:

Aquifer: _____

Well #: N-

Elevation: _____

County: Madison
 Permit #: _____
 Driller: Travis Boone
 Date completed: 1-10-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Owner Information</p> <p>Owner Name: <u>Frank Myler</u> Mailing Address: <u>19591 Hwy 57</u> <u>McLean, MS</u> <u>39456</u> City State Zip Code Telephone No. () _____</p>	<p>Well Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS W Sec <u>27</u> Twn <u>2N</u> Rng <u>8W</u> Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>McLean</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>1-10-07</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: _____</p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>1-10-07</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdowns (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: <u>110 GPM</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line Steel Tape Other (specify): <u>String Line</u> For flowing well, measured start in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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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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