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### State Well Report

#### Part I

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: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 9-3-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-282  
 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>Brad Davis</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>18300 Earl Wynn Rd</u> <u>Lucas, MS</u> <u>39574</u>	City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>4</u> <u>4</u> Sec <u>25</u> Twn <u>45</u> Rng <u>12W</u>	
Telephone No. ( ) _____	Distance: <u>4</u> Miles Direction: <u>N</u> of Nearest Town: <u>Lucas</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>9-3-07</u>		Date well drilling completed: <u>9-3-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>110</u> feet above or below (circle one) land surface		Date measured: <u>9-3-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Hole depth: _____ Well depth: <u>260</u>		Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Concrete</u> Bentonite Mix			
Casing length: <u>240</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>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 top 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.			
Print Name of Water Well Contractor and License No. <u>Travis Boone D-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

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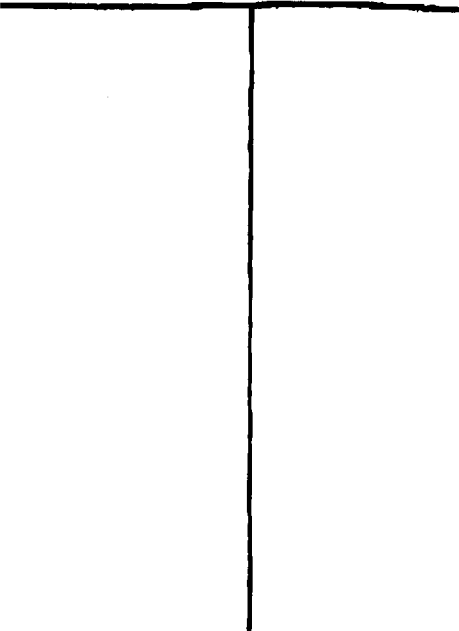
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B-282

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Sand	0	20
Clay	20	220
Sand	220	260

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 items that may aid in locating the property and the well; 4) magnetic direction.

Landowner Name: Brad Davis

Brad Davis  
 Signature of Water Well Contractor

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### 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 39209-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Itawamba  
 Permit #: \_\_\_\_\_  
 Installer: Travis Boone  
 Date completed: 9-3-07

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: B-282  
 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>Brad Davis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18300 Earl Wynn Rd.</u> <u>Lauder, MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	<u>4</u> <u>1/4</u> <u>Sec 24</u> <u>Twp 45</u> <u>Range 12W</u>
	Distance Direction Nearest Town
	<u>4</u> <u>Miles</u> <u>N</u> of <u>Lauder</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
BuCKET Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-3-07</u>	Setting Depth: <u>155</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>9-3-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>110</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>12.0E</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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