

JAN-9-2002 12:03P FROM:

TO:16013600535

P:1

County: JACKSON
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 2-27-08

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 #: E-152
 L. S. Number: _____
 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>Steven Cooper</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Double Still Rd</u> <u>Vancleave, MS 39565</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ N _____ W Sec <u>13</u> Twp <u>5S</u> Rng <u>9W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>NW</u> of <u>Vancleave</u>

Well Data

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

Date well drilling started: 2-27-08 Date well drilling completed: 2-27-08

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 2-27-08

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

Hole depth: _____ Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 105 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 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Unconsolidated 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 Newton Other: _____

Name of organization running logs: _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under 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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 BY: OLWR

JAN-9-2002 12:04P FROM:

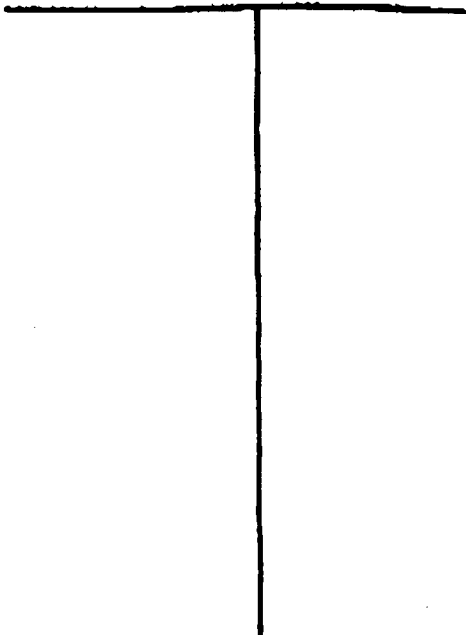
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E-152

If well telescopes please sketch below and show depths.

Ground Level



Description of Formation Encountered

Description of Formation Encountered	From	To
Clay	0	45
Sand	45	65

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 lines that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Steven Cooper

Steven Cooper
Signature of Well Well Contractor

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BY: OLWR

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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 10051
 Jackson, MS 39209-0051
 (601)964-3210
 (800)354-6938 (fax)

County: Jackson
 Permit #: _____
 Owner: Travis Boone
 Date completed: 2-27-08

For Office Use Only
 Agency: _____
 Well #: E-152
 Elevator: _____

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>Steven Cooper</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Double Still Rd</u> <u>Wanicleave, MS</u> <u>39565</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>13</u> Twp <u>55</u> Rng <u>9W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Reciproc <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Countdown <input type="checkbox"/> Battery <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Name Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-27-08</u>	Setting Depth: <u>50</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>2-27-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, assumed that in hour: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>110 OF</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

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 MAR 27 2008
 BY: OLWR