

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-82

L. S. Elevation: _____

E-log #: _____

County: Jefferson-Davis
 Permit #: _____
 Driller: TRAVIS Boone
 Date drilling completed: 2-25-05

Boone Water Well Service

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>Kelly BARNES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>25 Griffith Ln</u> <u>Prentiss, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39474</u>	1/4 _____ 1/4 Sec <u>13</u> Twn <u>7N</u> Rng <u>19W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>PRENTISS</u>

Well Data

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

Date well drilling started: 2-24-05 Date well drilling completed: 2-25-05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 2-25-05

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

Hole depth: _____ Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 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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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: Jefferson Davis
 Permit #: _____
 Driller: Travis Boone
 Date completed: 2-25-05

For Office Use Only:

Aquifer: _____
 Well #: E-82
 Elevation: _____

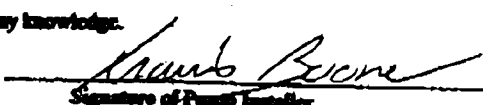
This report should be prepared by the pump installer in detail and filed with the Department within 90 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Kelly Barnes</u> Mailing Address: <u>Griffith Ln.</u> <u>Prentiss, MS. 39474</u> City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> Sec <u>13</u> Twp <u>7N</u> Rng <u>19W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Prentiss</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>2-25-05</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-05</u> Static Water Level (A): <u>10</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>STRING LINE</u> For flowing well, measured shut in head: _____ feet 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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