

AUG-17-2004 09:54P FROM:

TO: 16013600535

P:8

14

### 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: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 7-21-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-13  
 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>Adam Lucas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>409 Mum Swamp Rd. Sumner, Mo 39482</u>	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
City: _____ State: _____ Zip Code: _____	<u>14</u> <sup>1</sup> / <sub>4</sub> Sec <u>18</u> Twn <u>6N</u> Rng <u>16W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>0</u> Miles <u>SE</u> of <u>Basfield</u>

**Well Data**

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

Date well drilling started: 7-21-05 Date well drilling completed: 7-21-05

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

Static Water Level: 75 feet above or  below (circle one) land surface Date measured: 7-21-05

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

Hole depth: \_\_\_\_\_ Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 115 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 115 feet to 135 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. Signature of Water Well Contractor

**RECEIVED**  
 AUG 17 2005  
 BY: OLWR



# 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: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 7-21-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L-13  
 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>Adam Lucas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>409 Mum Submp Rd</u> <u>Sumrall, Mo. 39482</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 Sec <u>18</u> Twp <u>10N</u> Rng <u>16W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Twp _____ <u>6 Miles SE of Bassfield</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="radio"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="radio"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-21-05</u>	Setting Depth: <u>90</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>7-21-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>75</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>1600</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 0-514 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 AUG 17 2005  
 BY: OLWR