

AUG-20-2002 08:11A FROM:

TO:16013600535

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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: Jones
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 7-20-07

For Office Use Only:
 Aquifer: _____
 Well #: B-105
 L. S. Elevation: _____
 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>Greg Halfield</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>28 Reagan Ranch Rd Lawndale, MS 39443</u>	USGS quad, Hand-held GPS, Survey-grade GPS	<u>4</u> Sec <u>36</u> Twn <u>10N</u> Rng <u>12W</u>	
City _____ State _____ Zip Code _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____	<u>3</u> Miles <u>W</u> of <u>Sharon</u>	
Telephone No. () _____	Well Data		
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>7-20-07</u> Date well drilling completed: <u>7-20-07</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>95</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-20-07</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>StringLine</u>			
Hole depth: _____ Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>110</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>110</u> feet to <u>130</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.			
Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

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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 10691
 Jackson, MS 39209-0691
 (601)861-9210
 (601)354-6938 (fax)

For Office Use Only

Aquifer: _____
 Well #: B-105
 Elevation: _____

County: Adams
 Permit #: _____
 Installer: Travis Boone
 Date completed: 7-20-07

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

Well Owner Information	Well Location
Owner Name: <u>Greg Holfield</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>28 Rangan Ranch Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lawson MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39443</u>	<u>1/4 Sec 36 Twp 10N Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3 miles W of Sharon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Plunger Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Commingled Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Flows Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>7-20-07</u>	Setting Depth: <u>125</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-20-07</u>	Air Lift Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tube</u>
Static Water Level (A): <u>95</u> Foot Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (D) - (A): _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>350E</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>3</u> 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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