

DEC-5-2002 02:42P 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: 11-5-07

For Office Use Only:
 Aquifer: _____
 Well #: C-222
 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>James Blackledge</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>H Parker Dr</u> <u>Louis, Ms</u> <u>39443</u>	City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ Nearest Town: _____ of _____ County, _____	
Telephone No. () _____	Well Data		
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>11-5-07</u> Date well drilling completed: <u>11-5-07</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>110</u> feet above of below (circle one) land surface Date measured: <u>11-5-07</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Hole depth: _____ Well depth: <u>230</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>210</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>210</u> feet to <u>230</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Undrilled Telescoped Open hole Natural Development Other (describe): _____			
Top of tap 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 10631
 Jackson, MS 39289-0631
 (601)961-9210
 (601)354-6938 (fax)

County: Jones
 Rank #: _____
 Diller: Travis Boone
 Date completed: 11-5-07

For Office Use Only:
 Aquifer: _____
 Well #: C-222
 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>James Black Lodge</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4 Parker Dr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laudon, Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>30443</u>	<u>14</u> <u>14</u> Sec <u>3.3</u> Twp <u>9N</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>2</u> Miles <u>E</u> of <u>Laudon-Plenty East</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-5-07</u>	Setting Depth: <u>150</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>11-5-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> 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 drawdown 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>12.05</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) Signature of Pump Installer

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