

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 #: D-189
L. S. Elevation:
B-log #:

County: Jones 067
Permit #:
Driller: Travis Boone
Date drilling completed: 2-15-05

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: Owner Name William Stennett, Mailing Address 42 Hel-mac Ln Heidelberg, Mo 39439, Telephone No.
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, Distance 2 2/10 Miles, Direction S, Nearest Town Sandersville

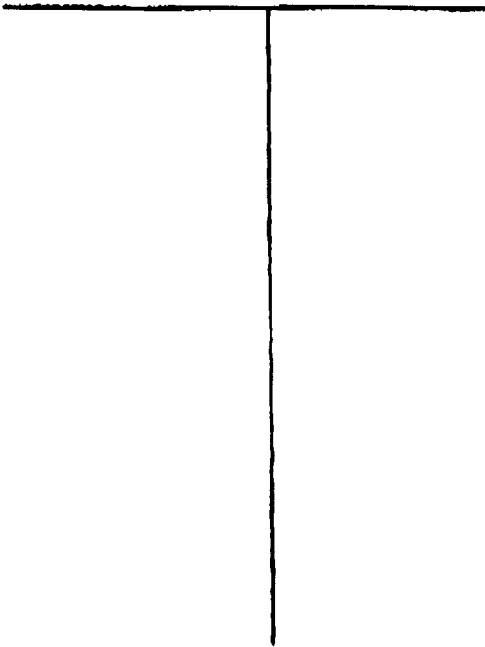
Well Data: Purpose of Well (circle one) Home, Industrial, Public Supply, Irrigation, Fish Culture, Other; Date well drilling started: 2-15-05, Date well drilling completed: 2-15-05; Static Water Level: 15 feet above or below (circle one) land surface; Date measured: 2-16-05; Method of Measurement (circle one) steel tape, electric tape, air line, other: string line; Hole depth: 60 ft, Well depth: 60 ft, Well grouted to a depth of 10 feet; Type of grout (circle one): Cement, Bentonite, Mix; Casing length: 45 feet, Casing diameter: 4 inches, Type of casing: sch 40; Screen length: 15 feet, Screen diameter: 4 inches, Type of screen: sch 40; Screen slot size: 8 inches, Setting depth: From 45 feet to 60 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.
Print Name of Water Well Contractor and License No. Travis Boone 0-514
Signature of Water Well Contractor Travis Boone

D-189

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	15
Clay sand	15	30
Clay	30	40
Clay sand	40	60

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

Landowner Name: William Stennett

Thomas Boone
Signature of Water Well Contractor

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: Jones
 Permit #: _____
 Driller: Travis Boone
 Date completed: 2-16-05

For Office Use Only:
 Aquifer: _____
 Well #: D-189
 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>William Stannett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>42 Hel-mac Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Heidelberg, Mo.</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>39439</u>	<u>14</u> <u>14</u> Sec. <u>8</u> Twp <u>9N</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2 1/10</u> Miles <u>S</u> of <u>Sandersville</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>2-16-05</u>	Setting Depth: <u>5.5</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-16-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in bore: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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