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: 10-7-04

For Office Use Only:
Aquifer:
Well #: L-68
L. S. Elevation:
E-log #:

67

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: Jolunda Stewart
Mailing Address: 601 Old Hwy 15 S
Ellisville MS
39437
City State Zip Code
Telephone No. ( )

Well Location

Latitude: ° ' " Longitude: ° ' "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec 3 Twn 7N Rng 11W
Distance 3½ Miles Direction E of Nearest Town Ellisville

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 10-7-04 Date well drilling completed: 10-7-04
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 10-7-04
Method of Measurement (circle one) steel tape electric tape air line other: string line
Hole depth: 65 Well depth: 65 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: 20 feet Screen diameter: 4 inches Type of screen: sch 40
Screen slot size: 8 inches Setting depth: From 45 feet to 65 feet
Type of completion (circle all applicable): Gravel packed Undereamed Telescoped Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe height of stepage
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

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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

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	5
Sand	5	25
Clay	25	35
Sand	35	65

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.

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Landowner Name: Jolinda Stewart

Signature of Water Well Contractor

STATE WELL REPORT
Part 2

County: Jones
Permit #:
Driller: Travis Boone
Date completed: 10-7-04

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)

For Office Use Only:
Aquifer:
Well #: 1
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

Owner Name: Jelinda Stewart
Mailing Address: 601 Old Hwy 15 S
Ellisville, Ms
39437
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec. 3 Twn. 7N Rng. 11W
Distance Direction Nearest Town
3½ Miles E of Ellisville

Pump Type Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 10-7-04
Rated Pump Capacity: Gallons Per Minute

Power Type Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 50 feet
Number of Stages:

Pump Test Data

Date Well Tested: 10-7-04
Static Water Level (A): 25 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

Method of Measuring Water Level Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify): string line
For flowing well, measured stand-up head: feet
Well yielded GPM with a drawdown of
feet after hours

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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)

Travis Boone
Signature of Pump Installer