

JAN-2-2002 02:47P FROM:

TO: 16013600535

P: 1

State Well Report

Part I

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: 2-20-08

For Office Use Only:
 Aquifer: _____
 Well #: N-103
 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>Jim Mulliland</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>255 Mc Lamore Rd</u>	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>6N</u> Rng <u>14W</u>		
<u>Misselle, MS</u>	City	State	Zip Code
_____ <u>39401</u>	_____	_____	_____
Telephone No. () _____	Distance _____ Miles	Direction _____	Nearest Town _____
_____ <u>8</u> _____ <u>NW</u> of <u>Blattiesburg</u>			
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>2-20-08</u>		Date well drilling completed: <u>2-20-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>5</u> feet above or below (circle one) land surface		Date measured: <u>2-20-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Hole depth: _____		Well depth: <u>90</u> feet	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Concrete</u> Bentonite Mix			
Casing length: <u>70</u> feet		Casing diameter: <u>4</u> inches	
Type of casing: <u>sch 40</u>		Type of screen: <u>sch 40</u>	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches	
Screen slot size: <u>8</u> inches		Setting depth: From <u>70</u> feet to <u>90</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.			
<u>Travis Boone 0-514</u>		<u>Travis Boone</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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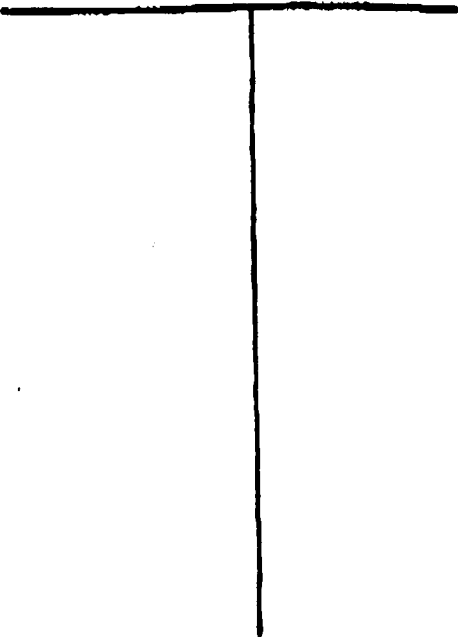
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N-103

If well telescopes please sketch below and show depths.

Ground Level



Description of Formation Encountered	From	To
Clay	0	10
Sandy Shale	10	30

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 lines that may aid in locating the property and the well; 4) tolerance direction.

Landowner Name: Jim Hillbrand

Kevin Boone
Signature of Well Well Contractor

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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 10091
 Jackson, MS 39208-0091
 (601)961-3210
 (601)954-6938 (fax)

Company: Jones
 Permit #: _____
 Installer: Travis Boone
 Date completed: 2-20-08

For Office Use Only
 Appt#: _____
 Well #: N-103
 Elevator: _____

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>Jim Hilliland</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>255 Mademoire Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Merrell, Mo.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>39401</u> Zip Code: _____	<u>M</u> <u>M</u> Sec. <u>31e</u> Twp. <u>6N</u> Rng. <u>14W</u>
Telephone No. (_____) _____	Distance: _____ Direction: _____ Nearest Town: <u>Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input checked="" type="checkbox"/> <u>Submersible</u>	Hand Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Beaker: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> : _____ Hand: _____ Taster PTO: _____
Counting: _____ Rotary: _____ Floating Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>2-20-08</u>	Setting Depth: <u>30</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>2-20-08</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): <u>Steing Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in leak: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>NADE</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)

Travis Boone
 Signature of Pump Installer

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