

DEC-6-2002 11:40A FROM:

TO:16013600535

P:4

### 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: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 11-8-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-102  
 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>D. Wayne Honey</u>	Latitude: " " " "	Longitude: " " " "	
Mailing Address: <u>1090 Oak Rd</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Sumrall, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>39482</u>	<u>4</u> <u>4</u> Sec <u>31</u> Twn <u>5N</u> Rng <u>15W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. ( )	<u>4</u> Miles	<u>S</u>	of <u>Sumrall</u>
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>11-8-07</u>		Date well drilling completed: <u>11-8-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>70</u> feet above or below (circle one) land surface		Date measured: <u>11-8-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>StringLine</u>			
Hole depth: _____	Well depth: <u>140</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>120</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>120</u> feet to <u>140</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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BY: OLWR

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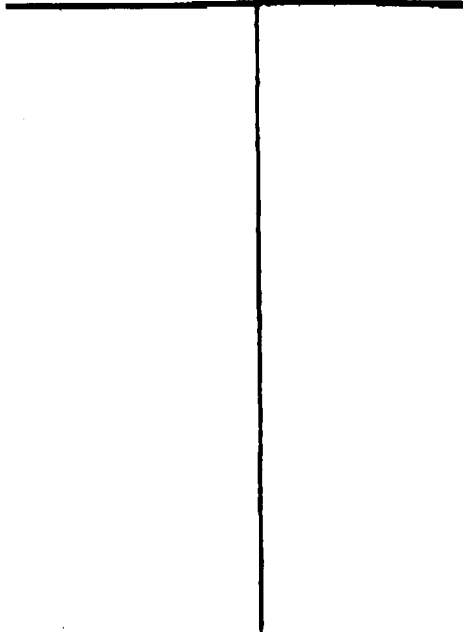
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B-102

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	40
hard	40	140

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: Dustin Rossy

[Signature]  
Signature of Water 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 10631  
 Jackson, MS 39289-0631  
 (601)961-9210  
 (601)354-6938 (fax)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 11-8-07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B-102  
 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>Dwaine Boney</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1090 Odah Rd</u> <u>Sumrall, Ms</u> <u>39482</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>4</u> <u>W</u> <u>31</u> <u>W</u> <u>5N</u> <u>15W</u>
Telephone No. (_____) _____	Distance: _____ Direction: _____ Nearest Town: _____ <u>4</u> miles <u>S</u> of <u>Sumrall</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Jet: _____ <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> : _____ Hand: _____ Tractor PTO: _____
Centrifugal: _____ Rotary: _____ Flowing Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>11-8-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>1.2</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-8-07</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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>1 1/2 GPM</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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