

JAN-27-2002 01:53A FROM:

TO: 16013600535

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5

### 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: 4-23-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-174  
 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>Leon Anderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>103 Patterson Rd</u> <u>Sumner, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>39482</u> Zip Code: _____	<u>4</u> N <u>4</u> Sec <u>17</u> Twn <u>4N</u> Rng <u>15W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>SW</u> of <u>Sumner Rd</u>
Well Data	
Purpose of Well (circle one): <u>Residential</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>4-22-08</u> Date well drilling completed: <u>4-23-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>75</u> feet above or below (circle one) land surface Date measured: <u>4-23-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>	
Hole depth: _____ Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>100</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>100</u> feet to <u>120</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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P:2

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 20001  
 Jackson, MS 39200-0001  
 (601)961-5210  
 (601)354-6934 (fax)

County: Lamar  
 Parish #: \_\_\_\_\_  
 Office: Travis Boone  
 Date completed: 4-23-08

Permit No. Only  
 Agency: \_\_\_\_\_  
 Well #: D-174  
 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>Leon Anderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>113 Patterson Rd</u>	Method of Lat/Long (circle one): <u>Cornered Survey</u>
<u>Sumner, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39482</u>	<u>4</u> <u>17</u> <u>4N</u> <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7</u> <u>mi</u> <u>SW</u> of <u>Sumner</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Plunger <input type="checkbox"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well	Windmill Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-23-08</u>	Setting Depth: <u>110</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>4-23-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>steering line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured draw in back: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>11.0E</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 Travis Boone  
 State Representative and Member of the Board of Supervisors  
 Director of the Agency

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