

### 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: 4-21-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-254  
 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>Bill Bramlett</u>          | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>275 Sandy Run Rd.</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey                                   |
| <u>Hattiesburg, Ms</u>                    | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>39402</u>                              | <u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>4N</u> Rng <u>14W</u>   |
| City State Zip Code                       | Distance Direction Nearest Town  |
| Telephone No. ( ) _____                   | <u>2</u> Miles <u>NE</u> of <u>Oak Grove</u>   |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-20-05 Date well drilling completed: 4-21-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 245 feet above or below (circle one) land surface Date measured: 4-21-05

Method of Measurement (circle one) steel tape electric tape air line other: string line

Hole depth: \_\_\_\_\_ Well depth: 290 Well grouted to a depth of 30 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 30 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 260 feet to 290 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.

TRAVIS BOONE 0-514  
 Print Name of Water Well Contractor and License No.

[Signature]  
 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 10651  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 4-21-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: E-254  
 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>Bill Bramblett</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>275 Sandy Run Rd.</u><br><u>Hattiesburg, MS</u><br><u>39402</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u><br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | <u>1/4</u> <u>1/4</u> Sec <u>23</u> Twp <u>4N</u> Rng <u>14W</u>  |
| Telephone No. ( ) _____   | Distance: _____ Direction: _____ Nearest Town: _____<br><u>2 Miles NE of Oak Grove</u>                    |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>               | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>         |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5</u>  |
| Date Pump Installed: <u>4-21-05</u>  | Setting Depth: <u>285</u> feet   |
| Rated Pump Capacity: _____ Gallons Per Minute  | Number of Stages: _____  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>4-21-05</u>                           | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>245</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: _____ 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)

Travis Boone  
 Signature of Pump Installer