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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: 5-1-08

For Office Use Only:
 Aquifer: _____
 Well #: E-288
 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>Tommy Jones</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1205 Carter Circle</u> <u>Purvis, MS</u> <u>39475</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ W _____ E Sec. <u>35</u> Twn <u>4N</u> Rng <u>14W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Purvis</u> |

Well Data

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

Date well drilling started: 4-30-08 Date well drilling completed: 5-1-08

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

Static Water Level: 180 feet above or below (circle one) land surface Date measured: 5-1-08

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

Hole depth: _____ Well depth: 340 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 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 320 feet to 340 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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.

Travis Boone
 Signature of Water Well Contractor

RECEIVED
 JUN 01 2008
 BY: OLWR

