

MAR-22-2007 10:09A FROM:

TO:16013600535

P:4

### State Well Report

#### Part 1

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: 2-22-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-112  
 L. S. Elevation: \_\_\_\_\_  
 E-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>Ed Cameron</u>   | Latitude: _____ " Longitude: _____ "                              | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |  |
| Mailing Address: <u>49 Arena Rd.</u><br><u>Purvis, MS 39475</u>   | _____ 1/4 _____ 1/4 Sec. <u>32</u> Twp. <u>3N</u> Rng. <u>15W</u> | Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Purvis</u>                              |  |
| City _____ State _____ Zip Code _____   | Telephone No. (____) _____  |   |  |
| Well Data   |   |   |  |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____  |   |   |  |
| Date well drilling started: <u>2-22-07</u>  |   | Date well drilling completed: <u>2-22-07</u>  |  |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |   |   |  |
| Static Water Level: <u>90</u> feet above or <u>below</u> (circle one) land surface  |   | Date measured: <u>2-22-07</u>   |  |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>  |   |   |  |
| Hole depth: <u>165</u>  |   | Well depth: <u>165</u> Well grouted to a depth of <u>10</u> feet                                    |  |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix   |   |   |  |
| Casing length: <u>145</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>145</u> feet to <u>165</u> feet  |  |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development<br>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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### 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)961-5210  
 (601)354-6938 (fax)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Diller: Travis Boone  
 Date completed: 2-22-07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: G-112  
 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>Ed Cameron</u>        | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>49 Arena Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>  |
| <u>Purvis, MS</u>                    | USGS quad, Hand-held GPS, Survey-grade GPS                   |
| <u>39475</u>                         | <u>4</u> <u>4</u> Sec <u>32</u> Twp <u>3N</u> Rng <u>15W</u> |
| City State Zip Code                  | Distance Direction Nearest Town                              |
| Telephone No. ( ) _____              | <u>7</u> miles <u>NW</u> of <u>Purvis</u>                    |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input 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 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>1</u>  |
| Date Pump Installed: <u>2-22-07</u>  | Setting Depth: <u>120</u> feet   |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute  | Number of Stages: _____  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>2-22-07</u>                          | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>90</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>160F</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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