

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: 7-5-06

For Office Use Only:
 Aquifer: _____
 Well #: H-119
 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>John Ray Hum</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>319 Harold Tucker Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Purvis Ms. 39475</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec. <u>316</u> Twn <u>3N</u> Rng <u>14W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>3</u> Miles <u>NE</u> of <u>Purvis</u> |

Well Data

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

Date well drilling started: 7-2-06 Date well drilling completed: 7-5-06

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

Static Water Level: 150 feet above or below (circle one) land surface Date measured: 7-5-06

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

Hole depth: _____ Well depth: 325 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 305 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 305 feet to 325 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.

Travis Boone
 Signature of Water Well Contractor

APR-11-2002 06:05A FROM:

TO:16013600535

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 10631
 Jackson, MS 39209-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Lamar
 Permit #: _____
 Driller: Travis Boone
 Date completed: 7-5-06

For Office Use Only:
 Aquifer: _____
 Well #: H-119
 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>John Ray Burn</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>369 Harold Tucker Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Priddy, Mo</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39475</u> | <u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>3N</u> Rng <u>14W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>3</u> Miles <u>NF</u> of <u>Priddy</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>7-5-06</u> | Setting Depth: <u>200</u> feet |
| Rated Pump Capacity: <u>25</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tamed: <u>7-5-06</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>150</u> Feet Below Land Surface | Other (specify): <u>string line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured about 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>30 AF</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