

APR-13-2007 09:23A FROM:

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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: 3-14-07

For Office Use Only:
 Aquifer: _____
 Well #: H-122
 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>Tico Ricattone</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>109 Green Summer Loop</u> <u>Hattiesburg, MS</u> <u>39402</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>3N</u> Rng <u>14W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Pharis</u>

Well Data

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

Date well drilling started: 3-14-07 Date well drilling completed: 3-14-07

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

Static Water Level: 155 feet above or below (circle one) land surface Date measured: 3-14-07

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

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 Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lay 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

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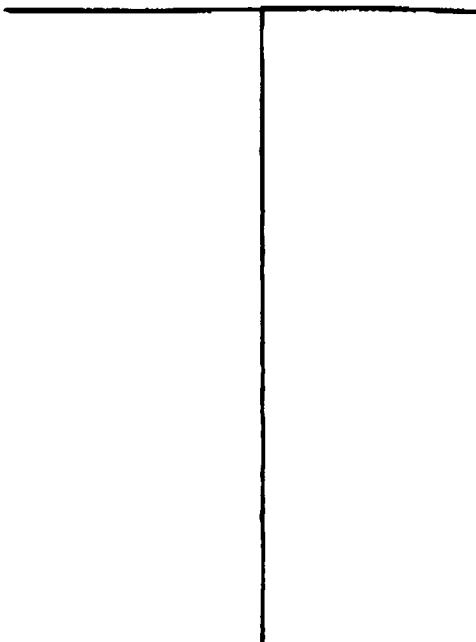
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H-122

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

	From	To
Clay	0	30
Sand	30	50
Clay	50	280
Sand	280	340

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Nico Ricottone

Nico Ricottone
 Signature of Water Well Contractor

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 BY: [Signature]

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

For Office Use Only:

Aquifer: _____

Well #: H-122

Elevation: _____

County: Lamar

Permit #: _____

Driller: Travis Boone

Date completed: 3-14-07

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>Nico Ricottone</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>109 Magn. Junction Loop</u> <u>Hattiesburg MS</u> <u>39402</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec. <u>10</u> Twn <u>3N</u> Rng <u>14W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>6 Miles N of Plover</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Buolot _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>3-14-07</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tamed: <u>3-14-07</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>155</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured start 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>30.0E</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
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone
 Signature of Pump Installer

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