

### 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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 5-315 73  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 10-5-04

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>Don Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>211 Luther Avenue</u> <u>Lumberton, Mo. 39455</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>24</u> Rng <u>16W</u>
Telephone No. ( ) _____	Distance <u>13</u> Miles <u>W</u> Direction of <u>PLUMS</u> Nearest Town

#### Well Data

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

Date well drilling started: 10-5-04 Date well drilling completed: 10-5-04

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

Static Water Level: 95 feet above or (below) (circle one) land surface Date measured: 10-5-04

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

Hole depth: 265 Well depth: 265 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 245 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 245 feet to 265 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): RECEIVED

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe each screen.

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 Travis Boone  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

J-315



Description of Formations Encountered	From	To
Clay	0	235
sand	235	265

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.

NO BUILDING OR POWER ON PROPERTY

RECEIVED  
NOV 01 2004  
BY: OLWR

Landowner Name: Don Hudson

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

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: Travis Boone  
Date completed: 10-5-04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J-315  
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>Don Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>211 Luther Boulevard</u> <u>Lumberton, MS 39455</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twp <u>2N</u> Rng <u>16W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>13</u> miles <u>W</u> of <u>Purvis</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ 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</u>
Date Pump Installed: <u>10-5-04</u>	Soring Depth: <u>140</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-5-04</u>	Air Line _____ Electric Measuring Line _____ Steel Tube _____
Static Water Level (A): <u>95</u> Feet Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	<b>RECEIVED</b>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	<b>NOV 01 2004</b> <b>BY: OLWR</b>

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