

DEC-14-2004 05:06P FROM:

TO: 16013600535

P: 11

### 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: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 11-18-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-54  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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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>Wayne Spradley</u>   | Latitude: <u>31-29-38</u> Longitude: <u>87-58-53</u>  |
| Mailing Address: <u>50 Johnny Wilson Rd.</u><br><u>Silver Creek Mo.</u><br><u>39663</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>11</u> Twn <u>6N</u> Rng <u>20W</u>                              |
| Telephone No. ( ) _____   | Distance _____ Miles Direction <u>05</u> of Nearest Town <u>Silver Creek</u>                        |

**Well Data**

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

Date well drilling started: 11-18-04 Date well drilling completed: 11-18-04

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11-18-04

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

Hole depth: \_\_\_\_\_ Well depth: 85 ft. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 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 65 feet to 85 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): \_\_\_\_\_

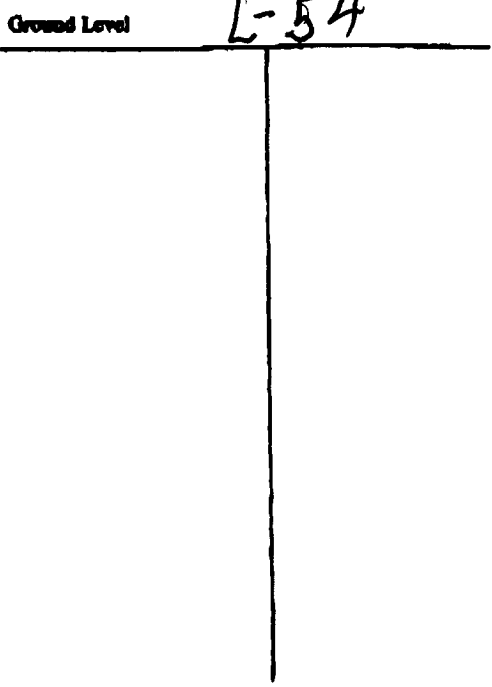
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

TRAVIS BOONE, 0-514  
 Print Name of Water Well Contractor and License No.

Travis Boone  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| sand + gravel                         | 0    | 85 |
|                                       |      |    |
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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.

House

X well

Landowner Name: Wayne Spradley

*Frank [illegible]*  
 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)861-5210  
(601)354-6938 (fax)

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 11-18-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-54 27  
 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>Wayne Spradley</u>  | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>507 Johnson Wilson Rd.</u><br><u>Silver Creek, MS.</u><br><u>39663</u> | Method of Lat/Long (circle one): <u>Conventional Survey.</u><br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____  | <u>14</u> <u>14</u> Sec. <u>11</u> Twn <u>6N</u> Rng. <u>20W</u>   |
| Telephone No. ( ) _____  | Distance _____ Direction _____ Nearest Town _____  |
|  | <u>7</u> Miles <u>5</u> of <u>Silver Creek</u>   |

| Pump Type<br>Circle one                           | Power Type<br>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>11-18-04</u>              | Setting Depth: <u>65</u> feet                               |
| Rated Pump Capacity: _____ Gallons Per Minute     | Number of Stages: _____                                     |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>11-18-04</u>                         | Air Line _____ Electric Measuring Line _____ Steel Tape _____                     |
| Static Water Level (A): <u>20</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: _____ 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 0-514 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer