

County: Lincoln
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 9-28-07

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 #: H-107
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 90 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Dwayne Ryals</u>	Latitude: <u>31° 32' 38"</u>	Longitude: <u>90° 22' 37"</u>	
Mailing Address: <u>1829 East Lincoln Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Brookhaven, MS</u>	<u>NW 1/4 SW 1/4 Sec 26 Twn 7N Rng RE</u>		
City: _____ State: _____ Zip Code: <u>39601</u>	Distance: <u>7 1/2</u> Miles	Direction: <u>SE</u>	Nearest Town: <u>Brookhaven</u>
Telephone No. () _____			
Well Data			
Purpose of Well (circle one) Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: <u>Chicken house</u>			
Date well drilling started: <u>9-27-07</u>	Date well drilling completed: <u>9-28-07</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>100</u> feet above or below (circle one) land surface	Date measured: <u>9-28-07</u>		
Method of Measurement (circle one) steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: <u>String Line</u>			
Hole depth: _____ Well depth: <u>220</u>	Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Concrete</u> Bentonite _____ Mix _____			
Casing length: <u>200</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>200</u> feet to <u>220</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____	Other (describe): _____		
Top of tap 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.			
Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

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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 10671
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Lincoln
 Permit #: _____
 Deller: Travis Boone
 Date completed: 9.28.07

For Office Use Only
 Aquifer: _____
 Well #: H-107
 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>Dwight Ryals</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1829 E Lincoln Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Bookhaven Miss</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>39601</u>	_____ N _____ S	_____ W _____ E	_____ Twp _____ Rng
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. () _____	<u>7 1/2 Miles</u>	<u>SE</u>	<u>Bookhaven</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine	Manual Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Traction PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>3</u>		
Date Pump Installed: <u>9.28.07</u>			Setting Depth: <u>150</u> feet		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tapped: <u>9.28.07</u>	Static Water Level (A): <u>100</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown (B) - (A): _____ Feet Below Land Surface	Other (specify): <u>String Line</u>	
Test Pumping Rate: <u>50 GPM</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured draw in head: _____ feet	
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

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

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