

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-20  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 1-1-05

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>Charles Smith</u>                                   | Latitude: <u>31° 34' 16"</u> Longitude: <u>90° 14' 44"</u>  |
| Mailing Address: <u>4053 Fairview-Rue RD</u><br><u>Sontag, Ms.</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: <u>39665</u>                    | <u>SE 4 SE 4</u> Sec <u>13</u> Twn <u>7N</u> Rng <u>9E</u>  |
| Telephone No. <u>601 823-0007</u>                                  | Distance: <u>11</u> Miles Direction: <u>E</u> of Nearest Town: <u>BROOKHAVEN</u>                    |

**Well Data**

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

Date well drilling started: 1-1-05 Date well drilling completed: 1-1-05

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 1-1-05

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

Hole depth: 30 Well depth: 30 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 24 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 6 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 24 feet to 30 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

RECEIVED  
 JAN 28 2005  
 BY: OLWR



# 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)961-5210  
(601)354-6938 (fax)

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: Travis Boone  
Date completed: 1-1-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: J-20  
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>Charles Smith</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>4053 Fairview River Dr.</u><br><u>Monticello MS 39665</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,<br><input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City _____ State _____ Zip Code _____   | 1/4 _____ 1/4 Sec. <u>13</u> Twp. <u>7N</u> Rng. <u>9E</u>  |
| Telephone No. (____) _____  | Distance _____ Direction _____ Nearest Town _____   |
|   | <u>11</u> Miles <u>E</u> of <u>BROOKHAVEN</u>   |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>    |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>1-1-05</u>   | Setting Depth: <u>28</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>1-1-05</u>                           | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>25</u> Feet Below Land Surface | Other (specify): <u>string line</u>  |
| Pumping Water Level (B): _____ Feet Below Land Surface    | For flowing well, measured static 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

RECEIVED  
JAN 28 2005  
BY: OLWR