

# 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: Marion  
Permit #: \_\_\_\_\_  
Driller: Travis Boone  
Date drilling completed: 11-9-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-7  
L. S. Elevation: \_\_\_\_\_  
E-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>J. L. Hill</u>	Latitude: <u>31° 22' 52"</u> Longitude: <u>89° 59' 15"</u>
Mailing Address: <u> Hwy 587</u> <u>White Bluff</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 14 SW 14 Sec 22 Twn 5N Rng 20E</u> <sup>12E</sup>
Telephone No. ( ) _____	Distance: <u>12</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Columbia</u>
<b>Well Data</b>	
Purpose of Well (circle one): <u>Hunting Camp</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-9-05</u> Date well drilling completed: <u>10-9-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>83</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>11-9-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>string level</u>	
Hole depth: _____ Well depth: <u>95</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>82</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch 40</u>	
Screen length: <u>13</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>82</u> feet to <u>95</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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.	
Print Name of Water Well Contractor and License No. <u>TRAVIS BOONE 0514</u>	Signature of Water Well Contractor <u>Travis Boone</u>

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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)334-6938 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 11-9-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A-7  
 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>J. L. Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u> Hwy 587 White Bluff</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 1/4 Sec 22 Twp 5N Rng 20W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u> 12 miles NW of Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____	Diesel Engine      Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u> 1</u> Setting Depth: <u> 93</u> feet Number of Stages: _____
Date Pump Installed: <u> 11-9-05</u>	
Rated Pump Capacity: <u> 5</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u> 11-9-05</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u> 83</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: <u> 7</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 0-514      Travis Boone  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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