

# 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: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 12-13-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-40  
 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>Jerry Lee</u>  | Latitude: <u>31-25-36"</u>                                  | Longitude: <u>89-46-54"</u>                            |                     |
| Mailing Address: <u>95 E Wenger Rd</u>  | Method of Lat/Long (circle one): <u>Conventional Survey</u> |  |                     |
| <u>Bassfield, MS</u>  | USGS quad, Hand-held GPS, Survey-grade GPS                  |  |                     |
| <u>39421</u>  | <u>NE 1/4 NW 1/4 Sec 2 Twp 5N Rng 18W</u>                   |  |                     |
| City State Zip Code   | Distance  | Direction  | Nearest Town        |
| Telephone No. <u>(601) 943-5858</u>   | <u>5</u> Miles  | <u>SW</u>  | of <u>Bassfield</u> |
| Well Data   |   |  |                     |
| Purpose of Well (circle one) Home <input type="radio"/> <u>Industrial</u> <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>12-13-04</u>   |   | Date well drilling completed: <u>12-13-04</u>          |                     |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |   |  |                     |
| Static Water Level: <u>60</u> feet above or <u>below</u> (circle one) land surface  |   | Date measured: <u>12-13-04</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>130</u> feet                            |                     |
| Well grouted to a depth of <u>10</u> feet   |   |  |                     |
| Type of grout (circle one): <u>Cement</u> <input type="radio"/> Bentonite <input type="radio"/> Mix <input type="radio"/>   |   |  |                     |
| Casing length: <u>110</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>110</u> feet to <u>130</u> feet |                     |
| Type of completion (circle all applicable): <u>Gravel packed</u> <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development <input type="radio"/>           |   |  |                     |
| 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): <u>No log run</u> <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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. |   |  |                     |
| <u>Travis Boone 0-514</u>   |   | <u>Travis Boone</u>                                    |                     |
| Print Name of Water Well Contractor and License No.   |   | Signature of Water Well Contractor                     |                     |

RECEIVED

JAN 13 2005

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level C-40

Description of Formations Encountered

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay sand + gravel                    | 0    | 10  |
|                                       | 10   | 130 |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |

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.

Landowner Name: Jerry Lee

[Signature]  
Signature of Water Well Contractor

RECEIVED  
JAN 13 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: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 12-13-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-40  
 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>Jerry Lee</u><br>Mailing Address: <u>95 Ebenezer Rd</u><br><u>Basfield, Mo</u><br><u>39421</u><br>City State Zip Code<br>Telephone No. <u>(601) 943-5858</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <u>Conventional Survey</u><br><u>USGS quad, Hand-held GPS, Survey-grade GPS</u><br><u>1/4 1/4 Sec 2 Twn 5N Rng 18W</u><br>Distance Direction Nearest Town<br><u>5 Miles SW of Basfield</u> |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u><br>Bucket Piston Turbine<br>Centrifugal Rotary Flowing Well<br>Other (specify): _____<br>Date Pump Installed: <u>12-13-04</u><br>Rated Pump Capacity: _____ Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas<br><input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO<br>Windmill Other (specify): _____<br>Horse Power Rating of Motor: <u>2</u><br>Setting Depth: <u>110</u> feet<br>Number of Stages: _____ |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>12-13-04</u><br>Static Water Level (A): <u>60</u> Foot Below Land Surface<br>Pumping Water Level (B): _____ Foot Below Land Surface<br>Drawdown (B) - (A): _____ Foot Below Land Surface<br>Test Pumping Rate: _____ Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | Air Line Electric Measuring Line Steel Tape<br>Other (specify): <u>staining line</u><br>For flowing well, measured start in boat: _____ feet<br>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 0-514 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

JAN 13 2005

BY: OLWR