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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
 Parish #: _____
 Driller: Travis Boone
 Date drilling completed: 5-6-08

Per Office Use Only:
 Aquifer: _____
 Well #: C-59
 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>Phillip Hitt</u>		Latitude: <u>31° 25' 24"</u> Longitude: <u>89° 47' 01"</u>	
Mailing Address: <u>359 Sunflower Rd</u> <u>Columbia, MS</u> <u>39429</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 14 SW 14 Sec 2 Twn 5N Rng 18W</u>	
City: _____	State: _____	Zip Code: _____	
Telephone No. (_____) _____		Distance _____ Miles	Direction <u>SW</u> or Nearest Town <u>Barabfield</u>
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>5-6-08</u>		Date well drilling completed: <u>5-6-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>75</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>5-6-08</u>	
Method of Measurement (circle one): <u>string line</u> steel tape electric tape air line other: _____			
Hole depth: _____		Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>100</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>100</u> feet to <u>120</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 D-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

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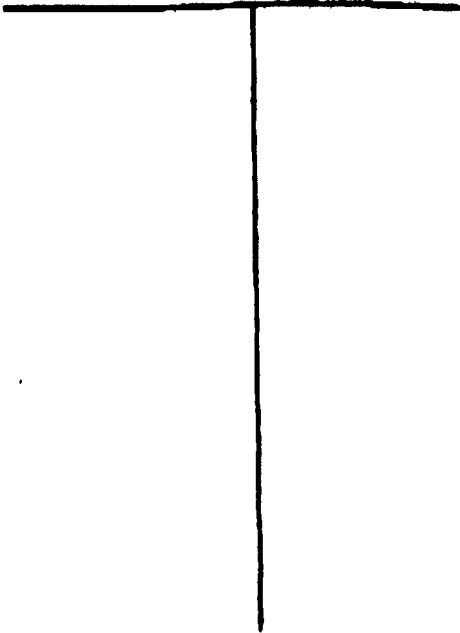
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C-59

If well telescopes please sketch below and show depths.

Ground Level



Description of Pumping Equipment

Description of Pumping Equipment	From	To
Hand	0	12
Hand	12	140
Hand	140	130

If more than one owner, 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) latitude/longitude.

Landowner Name: Phillip Hitt

Phillip Hitt
Signature of Well Well Customer

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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 10071
 Jackson, MS 39209-0071
 (601)961-3210
 (801)954-6938 (fax)

County: Marion
 Permit #: _____
 Installer: Travis Boone
 Date completed: 5-6-08

For Office Use Only
 Applic: _____
 Well #: C-59
 Elevator: _____

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>Phillip Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>359 Sinclair Rd</u> <u>Columbus, ms</u> <u>39429</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	U _____ W _____ S _____ Twp _____ Rng _____
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5 miles SW of Rossfield</u>

Pump Type Circle one	Power Type Circle one
Air L/R: <input type="checkbox"/> Jet <input checked="" 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 checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Countdown: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Whodall <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Name Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-6-08</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-6-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Seal Type _____
Static Water Level (A): <u>75</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 foot: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>11.0E</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 Travis Boone
 Plant Representative (Pump Installer and License No. if available) Supervisor of Public Utility

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