

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)

RECD JAN 04 2005

For Office Use Only:

Aquifer:
Well #: D-6-C
L. S. Elevation:
E-log #:

County: Marion
Permit #:
Driller: Travis Boone
Date drilling completed: 12-2-04

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: James Alston, 48 South Ln, Columbia, MS 39429, (601) 736-3844
Well Location: Latitude: 31° 22' 48" Longitude: 89° 44' 17"
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 19 Twn 5N Rng 17W
Distance 10 Miles Direction NE of Nearest Town Columbia

Well Data: Purpose of Well (Home) Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 12-2-04 Date well drilling completed: 12-2-04
If flowing, method of flow regulation: Valve Other (describe):
Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-2-04
Method of Measurement (circle one) steel tape electric tape air line other: string line
Hole depth: Well depth: 100 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 4 inches Type of casing: sch 40
Screen length: 20 feet Screen diameter: 4 inches Type of screen: sch 40
Screen slot size: 8 inches Setting depth: From 80 feet to 20 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

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: 12-2-04

For Office Use Only:

Aquifer: _____
 Well #: D-60
 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. James Alston</u> Mailing Address: <u>48 South Ln.</u> <u>Columbia, MS</u> <u>39429</u> <small>City State Zip Code</small> Telephone No. <u>(601) 736-3844</u>	Latitude: _____ Longitude: _____ 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 _____ 1/4 _____ 1/4 Sec. <u>19</u> Twp. <u>5N</u> Rng. <u>17W</u> Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>12-2-04</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-2-04</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): <u>string line</u> For flowing well, measured shut 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 0514 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer