

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 091
Permit #:
Driller: Travis Boone
Date drilling completed: 4-16-05

For Office Use Only:
Aquifer:
Well #: P 63
L. S. Elevation:
E-log #:

Water Well Drilling

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: Owner Name: Freddy Miller, Mailing Address: 1422 Bethel Church Rd, Bassfield, Ms 39421, Telephone No. (601) 731-7695
Well Location: Latitude: 31° 25' 54" Longitude: 89° 42' 07", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NW 1/4 Sec. 3, Twn 5N Rng 17W, Distance 5 Miles, Direction SE of Bassfield

Well Data: Purpose of Well: Home, Date well drilling started: 4-16-05, Date well drilling completed: 4-16-05, Static Water Level: 80 feet above or below land surface, Method of Measurement: string line, Hole depth: 170, Well depth: 170, Well grouted to a depth of 10 feet, Type of grout: Cement, Casing length: 150 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 150 feet to 170 feet, Type of completion: Gravel packed, Top of lap pipe or reduction in casing: feet, Logs run: No log run, 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
Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Marion
 Permit #: _____
 Diller: Travis Boone
 Date completed: 4-16-05

For Office Use Only:

Aquifer: _____
 Well #: D 63
 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>Juddy Mulla</u> Mailing Address: <u>1422 Bethel Church Rd</u> <u>Basfield, Mo</u> <u>3421</u> City State Zip Code Telephone No. <u>(601) 731-7695</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>14 14 Sec 3 Twn 5N Rng 17W</u> Distance Direction Nearest Town <u>5 Miles SE of Basfield</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): _____ Date Pump Installed: <u>4-16-05</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>130</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-16-05</u> Static Water Level (A): <u>80</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 Electric Measuring Line Steel Tape 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 0-514
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone
 Signature of Pump Installer

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