

### 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: 8-26-04  
J&S Water Well Drilling

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-73 09  
 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>David Trigg</u>	Latitude: <u>31° 16' 18"</u> Longitude: <u>89° 48' 34"</u>
Mailing Address: <u>35 Odum Rd</u> <u>Columbia, MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: <u>39429</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No.: <u>(601) 736-3392</u>	<u>NE 1/4 Sec. 33 Twn 4N Rng 18W</u>
	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Columbia</u>

**Well Data**

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 8-26-04 Date well drilling completed: 8-26-04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe): \_\_\_\_\_

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 8-26-04

Method of Measurement (circle one) steel tape electric tape air line other: string line

Hole depth: 145 Well depth: 145 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 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 125 feet to 145 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: \_\_\_\_\_

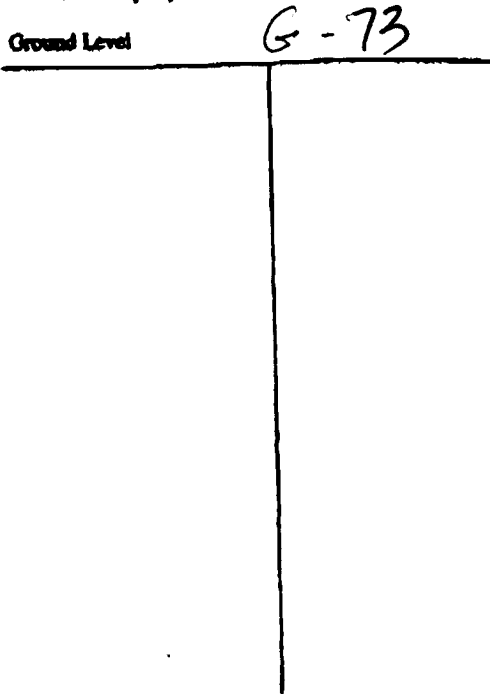
Name of organization running log(s): \_\_\_\_\_

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. Signature of Water Well Contractor

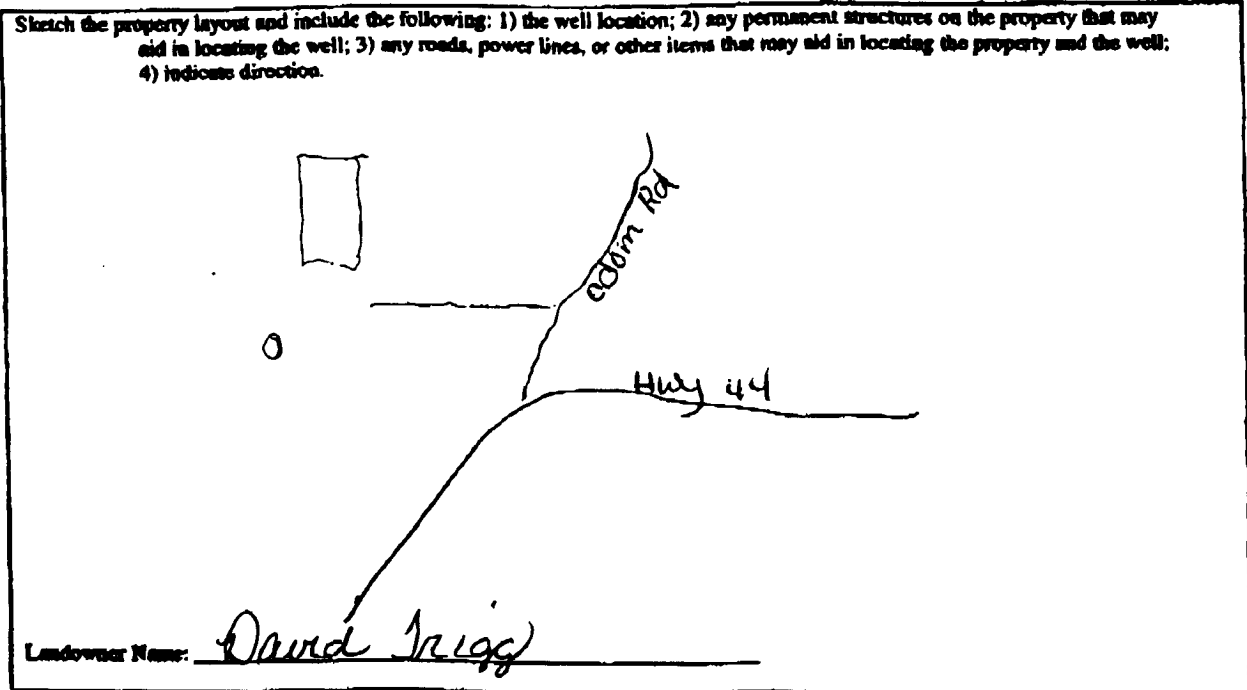
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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Clay & sand	0	40
	40	145

If more than one screen, show location of each on sketch



David Trigg  
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 #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 8-26-04

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: G-73  
 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>David Rugg</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>35 Adam Rd</u> <u>Columbia, MS</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39429</u>	<u>1/4</u> <u>1/4</u> Sec. <u>33</u> Twn <u>4N</u> Rng <u>18W</u>
Telephone No. <u>(601) 736-3392</u>	Distance: <u>2</u> Miles <u>E</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-26-04</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>85</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engines <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-26-04</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/> <u>string Line</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown ((B) - (A)): _____ Feet Below Land Surface	
Test Pumping Rate: _____ 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  
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone  
 Signature of Pump Installer

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 SEP 24 2004  
 BY: [Signature]