

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-95  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: Madison 091  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 3-7-05

Boone Water Well Service

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>Colleen McDaniel</u>	Latitude: <u>31° 13' 08"</u>	Longitude: <u>89° 58' 16"</u>	
Mailing Address: <u>19 Antioch Ln. Kokomo, Ms 39643</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	NW ¼ SW ¼ Sec <u>22</u> Twn <u>3N</u> Rng <u>12E</u>		
Telephone No. <u>(601) 731-2763</u>	Distance: <u>2</u> Miles	Direction: <u>E</u>	Nearest Town: <u>Kokomo</u>
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-7-05</u>		Date well drilling completed: <u>3-7-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>1.5</u> feet above or below (circle one) land surface		Date measured: <u>3-7-05</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>string line</u>			
Hole depth: _____		Well depth: <u>125 ft</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>105</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>105</u> feet to <u>125</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): <u>No log run</u> 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 0-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	



# 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 #: \_\_\_\_\_  
 Installer: Travis Boone  
 Date completed: 3-7-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-95  
 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>Collin McDaniel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>19 Antioch Ln.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Kokomo, Mo</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>39643</u>	<u>14</u> W Sec <u>22</u> Twn <u>3N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 731-2763</u>	<u>2</u> Miles <u>E</u> of <u>Kokomo</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <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 type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-7-05</u>	Setting Depth: <u>55</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-7-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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) Signature of Pump Installer