

MAY-3-2004 10:00P FROM:

TO: 16013600535

P:5

County: Merion
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 4-6-05

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 #: ~~1676~~ K104
 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>Andy Stringer</u>	Latitude: <u>31° 16' 41"</u> Longitude: <u>89° 53' 01"</u>
Mailing Address: <u>113 Clark Ln.</u> <u>Foxworth, Mo.</u> <u>39482</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SE-SW Sec <u>34</u> Twn <u>4N</u> Rng <u>18W</u>
Telephone No. <u>(601) 736-9020</u>	Distance <u>4 1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Foxworth</u>

Well Data

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

Date well drilling started: 4-6-05 Date well drilling completed: 4-6-05

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

Static Water Level: 150 feet above or below (circle one) land surface Date measured: 4-6-05

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

Hole depth: _____ Well depth: 285 ft Well grouted to a depth of 112 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 265 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 265 feet to 285 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.

Print Name of Water Well Contractor and License No. TRAVIS BOONE 0-514

Signature of Water Well Contractor Travis Boone

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If well telescopes please sketch below and show depths.

Ground Level

~~6-76~~ 6-76

K104

Description of Formations Encountered	From	To
Clay	0	10
Clay	10	80
Clay & sand	80	125
	125	285

If more than one screen, 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) indicate direction.

Landowner Name: Andy Sturgeon

Wanda Burre
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: 4-6-05

For Other Use Only:
 Aquifer: K104
 Well #: ~~104~~ 104-26
 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>Andy Stanger</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>113 Clark Ln.</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Foxworth, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>39482</u>	<u>SE 1/4 SW 1/4 Sec 34 Twn 3N Rng 19W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. () _____	<u>4 1/2 miles</u>	<u>E</u>	<u>130</u>
	of <u>Foxworth</u>		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>4-6-05</u>			Setting Depth: <u>200</u> feet		
Rated Pump Capacity: _____ Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tamed: <u>4-6-05</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>150</u> Foot Below Land Surface	Other (specify): <u>string line</u>		
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown ((B) - (A)): _____ Foot 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