

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: 5-4-06

For Office Use Only:
Aquifer: _____
Well #: N-130
L. S. Elevation: _____
B-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>Melusa Juarez</u>	Latitude: <u>31° 09' 33"</u> Longitude: <u>81° 50' 10"</u>
Mailing Address: <u>134 McCain Rd</u> <u>Forworth, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39483</u>	USGS quad: <u>NW 1/4 NW 1/4 Sec 12 Twn 2N Rng 12E</u>
Telephone No. () _____	Distance: <u>6</u> Miles Direction: <u>S</u> of Nearest Town: <u>Forworth</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>5-4-06</u> Date well drilling completed: <u>5-4-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>35</u> feet above <u>below</u> (circle one) land surface Date measured: <u>5-4-06</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>StringLine</u>	
Hole depth: _____ Well depth: <u>145</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>125</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>125</u> feet to <u>145</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): 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. <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 #: _____
 Driller: Travis Boone
 Date completed: 5-4-06

For Office Use Only:

Aquifer: _____
 Well #: N-130
 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>Melissa Jumage</u> Mailing Address: <u>134 McCain Rd</u> <u>Jokworth, MS</u> <u>39483</u> City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>4 Sec 12 Twp 2N Rng 12E</u> Distance Direction Nearest Town <u>6 Miles S of Jokworth</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-4-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>70</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-4-06</u> Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: <u>1160E</u> 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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer