

DEC-26-2002 08:50A FROM:

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### 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: 11-26-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q 156  
 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>Rodney Wood</u>   | Latitude: <u>31° 02' 41"</u> Longitude: <u>84° 46' 34"</u>  |
| Mailing Address: <u>River Lane Dead End</u><br><u>Sandy Hook, MS</u><br><u>39478</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u><br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____   | <u>12 W NEW</u> Sec <u>21</u> Twn <u>1N</u> Rng <u>14E</u>  |
| Telephone No. ( ) _____  | Distance: <u>15</u> Miles Direction: <u>S</u> of Nearest Town: <u>Columbia</u>                            |

Well Data

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

Date well drilling started: 11-26-07 Date well drilling completed: 11-26-07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11-26-07

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

Hole depth: \_\_\_\_\_ Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 60 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 60 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of log 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.

Travis Boone  
 Signature of Water Well Contractor



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TO:16013600535

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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)961-9210  
 (601)354-6938 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Diller: Travis Boone  
 Date completed: 11-26-07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Q 156  
 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>Rodney Wood</u>                           | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>River Lane,<br/>Sandy Hook, Miss</u> | Method of Lat/Long (circle one): <u>Conventional Survey,</u><br>USGS quad, Fixed-bolt GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: <u>39478</u>          | <u>1/4</u> <u>1/4</u> Sec <u>21</u> Twp <u>1N</u> Rng <u>14E</u>  |
| Telephone No. ( ) _____                                  | Distance: _____ Direction: _____ Nearest Town: _____<br><u>15</u> miles <u>S</u> of <u>Columbus</u>         |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift: <input type="checkbox"/> Jet: <input 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"/>           | <u>Electric Motor</u> : <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>   |
| 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>11-26-07</u>  | Setting Depth: <u>55</u> feet   |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute   | Number of Stages: _____   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>11-26-07</u>                         | Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> Steel Tape: <input type="checkbox"/> |
| Static Water Level (A): <u>20</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: <u>16 GPM</u> 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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone \_\_\_\_\_  
 Signature of Pump Installer