

### 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: Pearl River  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 4-30-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C 82  
 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>Theresa Frantz</u>	Latitude: <u>30.56 00</u> Longitude: <u>89.26.54</u>
Mailing Address: <u>421 Pine St</u> <u>Lumberton MS</u> <u>39455</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>SW</u> <u>NE</u> , Sec <u>25</u> <sup>OK</sup> Twn <u>15</u> Rng <u>15W</u>
Telephone No. ( ) _____	Distance: <u>4</u> Miles Direction: <u>S</u> of Nearest Town: <u>Lumberton</u>

**Well Data**

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

Date well drilling started: 4-30-09 Date well drilling completed: 4-30-09

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

Static Water Level: 110 feet above or  below (circle one) land surface Date measured: 4-30-09

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

Hole depth: 185 Well depth: 185 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 1165 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 165 feet to 185 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 retaining 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 D-514  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10451  
 Jackson, MS 39210-0451  
 (601) 961-3210  
 (800) 354-0938 (fax)

County: Pearl River  
 Parish #: \_\_\_\_\_  
 Diller: Travis Boone  
 Date completed: 4-30-09

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: 122  
 Division: \_\_\_\_\_

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>Theresa Frantz</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>421 Pine St</u>	Method of Location (check one): <u>Conventional Survey,</u>
<u>Lumberton, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39455</u>	_____ W _____ W Sec <u>25</u> Twp <u>15</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>4</u> miles <u>S</u> of <u>Lumberton</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input checked="" type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Diaphragm <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Peristaltic <input type="checkbox"/>	Hand <input type="checkbox"/>
Other (specify): _____	Tractor PTO <input type="checkbox"/>
Date Pump Installed: <u>4-30-09</u>	Windmill <input type="checkbox"/>
Rated Pump Capacity: <u>12.0E</u> Gallons Per Minute	Other (specify): _____
	Phase Power Rating of Motor: <u>1</u>
	Setting Depth: <u>140</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-30-09</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown (B) - (A): _____ Feet Below Land Surface	Other (specify): <u>String Line</u>
Test Pumping Rate: <u>16.0E</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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  
 Pump Installer (Print Name and License No. if available)

Travis Boone  
 Signature of Pump Installer