

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)

County: Pearl River
 Permit #: _____
 Driller: TRAVIS BOONE
 Date drilling completed: 1-26-05

For Office Use Only:
 Aquifer: _____
 Well #: L-75
 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>Sidney Woodson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>49 Woodson Ln</u> <u>Poplarville, MS 39470</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | 1/4 _____ 1/4 Sec. <u>32</u> Twn <u>38S</u> Rng <u>16W</u> |
| Telephone No. <u>(601) 795-6000</u> | Distance: <u>5</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Poplarville</u> |

Well Data

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

Date well drilling started: 1-26-05 Date well drilling completed: 1-26-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 1-27-05

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

Hole depth: _____ Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 8 inches Setting depth: From 130 feet to 160 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.

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

Travis Boone
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level L-75

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay sand | 0 | 120 |
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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: Sidney Woodson

David Boone
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)

For Office Use Only:

Aquifer: _____

Well #: L-75

Elevation: _____

County: Pearl River
 Permit #: _____
 Driller: TRAVIS BOONE
 Date completed: 1-27-05

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>Sidney Woodson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>49 Woodson Ln</u> <u>Poplarville, MS</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City State Zip Code <u>39470</u> | <u>1/4</u> Sec <u>32</u> Twn <u>2S</u> Rng <u>11W</u> |
| Telephone No. <u>(601) 795-6000</u> | Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Poplarville</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>1-27-05</u> Rated Pump Capacity: _____ Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>120</u> feet Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>1-27-05</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown ((B) - (A)): _____ Feet Below Land Surface Test Pumping Rate: _____ 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 spot 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 0-514 Travis Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FFR 25 2005

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