

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 #: N-40
 I. S. Elevation: _____
 E-log #: _____

County: Pearl River 107
 Permit #: _____
 Driller: TRAVIS Boone
 Date drilling completed: 10-13-04

Boone Water Well Service

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>Robert Margerum</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>102 Arlena Ln.</u> <u>Poplarville, MS</u> <u>39470</u> | Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>35</u> Rng <u>14W</u> |
| Telephone No. <u>(601) 795-0712</u> | Distance <u>8</u> Miles <u>SE</u> of <u>Poplarville</u> |

Well Data

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

Date well drilling started: 10-13-04 Date well drilling completed: 10-13-04

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 10-13-04

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

Hole depth: _____ Well depth: 140 ft. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screens: sch 40

Screen slot size: 8 inches Setting depth: From 120 feet to 140 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.

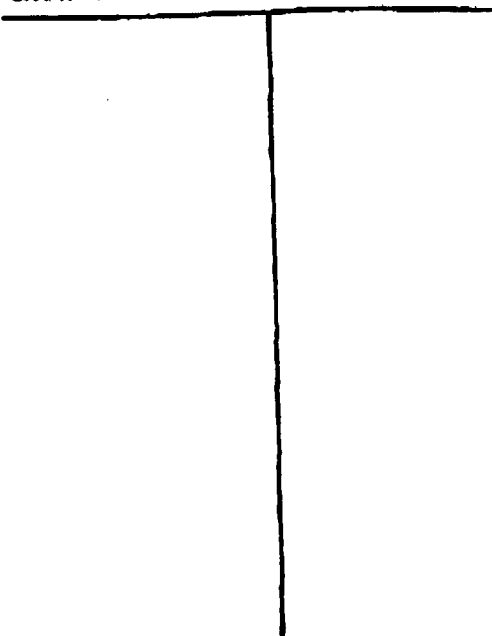
Travis Boone
 Signature of Water Well Contractor

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 BY: OLWR

N-40

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay sand | 0 | 18 |
| Clay sand | 15 | 35 |
| Clay sand | 35 | 105 |
| Clay sand | 105 | 140 |
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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 stads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

House Well
Driveway
Lavelle Odam Rd

Landowner Name: Robert Margerum

Mavis Beane
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 10691
 Jackson, MS 39289-0691
 (601)961-5210
 (601)354-6938 (fax)

County: Pearl River
 Well #: _____
 Diller: Travis Boone
 Date completed: 10-13-04

For Office Use Only
 Aquifer: _____
 Well #: N-40
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the completion of pump.

| Well Owner Information | Well Location |
|---------------------------------------|---|
| Owner Name: <u>Robert Margerum</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>62 Arlena Ln.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Doplarville, MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39470</u> | <u>1/4</u> <u>1/4</u> Sec <u>5</u> Twp <u>3S</u> Rng <u>14W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 795-0712</u> | <u>8</u> miles <u>SE</u> of <u>Doplarville</u> |

| Pump Type Circle one | Power Type 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"/> |
| Becket <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"/> Floating Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>10-13-04</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10-13-04</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>65</u> Feet Below Land Surface | Other (specify): <u>string line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured draw 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: _____ Gallons Per Minute | |
| Duration of Pump Test (includes 4 hours): _____ hours | |

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