

JAN-9-2002 12:04P FROM:

TO:16013600535

P:4

County: PEARL RIVER  
 Permit #: \_\_\_\_\_  
 Driller: TRAVIS BOONE  
 Date drilling completed: 2-27-08

**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-52  
 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>Joey Bouche</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>30 St. Angelo Ln</u> <u>Poplarville, MS</u> <u>39470</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>4</u> <u>4</u> Sec <u>32</u> Twp <u>3S</u> Rng <u>14W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>7</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: 2-26-08 Date well drilling completed: 2-27-08

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

Static Water Level: 140 feet above  or below  (circle one) land surface Date measured: 2-27-08

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

Hole depth: \_\_\_\_\_ Well depth: 270 ft Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 250 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 250 feet to 270 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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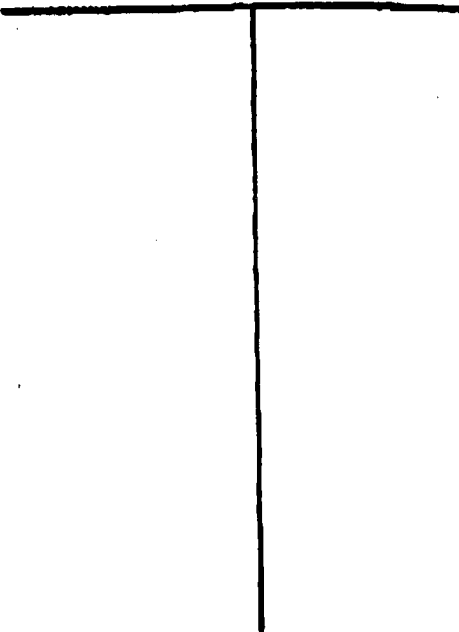
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N-52

If well telescopes please sketch below and show depth.

Ground Level



Description of Penetration Encountered

Description of Penetration Encountered	From	To
Clay	0	30
Drain	30	95
Gravel	95	180
Drain	180	220

If more than one casing, 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: Jerry Bourke

[Signature]  
Signature of Well 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 10231  
 Jackson, MS 39208-0231  
 (601)963-5210  
 (601)354-0738 (fax)

County: DeKalb River  
 Permit #: \_\_\_\_\_  
 Installer: Travis Boone  
 Date completed: 2-27-08

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: N-52  
 Elevator: \_\_\_\_\_

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>Joey Bouche</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>30 St. Angelo Ln</u> <u>Poplarville Ms</u> <u>39470</u>	Method of Loc/Lang (check 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: _____	_____ N _____ W Sec. <u>32</u> Twp. <u>35</u> Rng. <u>14W</u>
Telephone No. (_____) _____	Distance: _____ Direction: _____ Nearest Town: _____ <u>7 Miles SE of Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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 checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Countertop <input type="checkbox"/> Battery <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Rated Power Rating of Motor: _____
Date Pump Installed: <u>2-27-08</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-27-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in tank: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>120E</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 available)

Travis Boone  
 Signature of Pump Installer

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