

### 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: Peray  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 5-14-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-78  
 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>Thomas Dogget</u>	Latitude: " " " "	Longitude: " " " "	
Mailing Address: <u>28 Wolke Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Bickton, ms</u>	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>5N</u> Rng <u>9W</u>		
<u>39476</u>	Distance	Direction	Nearest Town
City State Zip Code	<u>4</u> Miles	<u>E</u>	of <u>Bickton</u>
Telephone No. ( )			
Well Data			
Purpose of Well (circle one) <u>Flow</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>5-14-08</u>		Date well drilling completed: <u>5-14-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>120</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>5-14-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Hole depth: _____	Well depth: <u>250</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>230</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>sch 40</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>sch 40</u>	
Screen slot size: <u>8</u> inches	Setting depth: From <u>230</u> feet to <u>250</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> Underscreened 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.			
<u>Travis Boone 0-514</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		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 10091  
 Jackson, MS 39209-0091  
 (601)364-5270  
 (601)354-0938 (fax)

For Office Use Only

Appl#:

Well#

Flow#:

County: Leflore  
 Permit #: \_\_\_\_\_  
 Owner: Travis Boone  
 Date completed: 5-14-08

Appl#:  
 Well# C-78  
 Flow#:

This report should be prepared by the pump installer in detail and filed with the Department within 90 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Thomas Dogget</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>28 Ullrich Rd</u> <u>Richton, ms</u> <u>39476</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: _____	W _____ N Sec <u>35</u> Twp <u>5N</u> Rng <u>9W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town <u>4</u> miles <u>E</u> of <u>Richton</u>

Pump Type Circle one	Power Type Circle one
Air Lift In <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Heat Transfer PTO
Conventional Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Phase Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-14-08</u>	Setting Depth: <u>160</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>5-14-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>12.0</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 test: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet
Test Pumping Rate: <u>12.0</u> GPM Gallons Per Minute	_____ feet after _____ hours of pumping
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