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### 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: Perry County  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 1-9-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-50  
 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>Vicki Jenkins</u>	Latitude: _____ " Longitude: _____ "	Mailing Address: <u>135 Windgate Rd.</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
<u>New Augusta, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS	<u>39462</u>	<u>4</u> Sec <u>20</u> Twn <u>3N</u> Rng <u>0W</u>
City State Zip Code	Distance Direction Nearest Town	Telephone No. ( ) _____	<u>3.14</u> Miles <u>NE</u> of <u>New Augusta</u>
Well Data			
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
Date well drilling started: <u>1-9-07</u> Date well drilling completed: <u>1-9-07</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>8</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>1-9-07</u>			
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: <u>StringLine</u>			
Hole depth: _____ Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix			
Casing length: <u>60</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>60</u> feet to <u>80</u> feet			
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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 <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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>Travis Boone</u>	
Print Name of Water Well Contractor and License No.		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)

County: Perry County  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 1-9-07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-50  
 Elevation: \_\_\_\_\_

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>Vicki Jenkins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>135 Woodgate Rd</u> <u>Near Augusta, MS</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>20</u> Twn <u>3N</u> Rng <u>10W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3/4</u> Miles <u>NE</u> of <u>New Augusta</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-9-07</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>1.2</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-9-07</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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: <u>11.0 GPM</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 applicable)

Travis Boone  
 Signature of Pump Installer

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