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TO:16013600535

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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  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 2-19-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q-36  
 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>Charles Hollis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>48 Ballenger Rd.</u> <u>Brookhaven, MS</u> City State Zip Code: _____ <u>39425</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>4</u> <u>4</u> Sec <u>23</u> Twn <u>14</u> Rng <u>10W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>0</u> Miles <u>SW</u> of <u>Beaumont</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2-19-08</u> Date well drilling completed: <u>2-19-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>63</u> feet above or below (circle one) land surface Date measured: <u>2-19-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>StringLine</u>	
Hole depth: _____ Well depth: <u>85</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>65</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>65</u> feet to <u>85</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> Print Name of Water Well Contractor and License No.	<u>Travis Boone</u> Signature of Water Well Contractor

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Q-36

If well screens please sketch below and show depths.

Ground Level

Description of Permeable Aquifers

Description of Permeable Aquifers	From	To
Clay	0	20
Sand	20	85

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: Charles Hollis

*Thomas Boone*  
 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 10251  
 Jackson, MS 39208-0251  
 (601)961-5210  
 (601)954-6938 (fax)

County: Perry  
 Permit #: \_\_\_\_\_  
 Installer: Travis Boone  
 Date completed: 2-19-08

**For Office Use Only**  
 Agency: \_\_\_\_\_  
 Well #: Q-36  
 Location: \_\_\_\_\_

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>Mr. Charles Hallie</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>48 Bellinger Rd</u> <u>Brooklyn, MS</u> <u>39425</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: <u>SW</u> Nearest Town: <u>Beaumont</u>
Telephone No. (_____) _____	

Pump Type Circle one	Power Type Circle one
Air Lin <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	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"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Phase Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-19-08</u>	Setting Depth: <u>80</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>2-19-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>62</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</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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