

County: Pike
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 3-17-05

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)

For Office Use Only:
 Aquifer: _____
 Well #: M-94
 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>Progress Fire Dept.</u>	<u>Pike County</u>	Latitude: _____	Longitude: _____
Mailing Address: <u>1005 Magnolia Progress</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>McComb, Ms</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>39648</u>		<u>1/4</u> <u>1/4</u> Sec. <u>17</u> Twn <u>1N</u> Rng <u>9E</u>	
City _____ State _____ Zip Code _____		Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>Magnolia</u>	
Telephone No. (____) _____			

Well Data

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

Date well drilling started: 3-17-05 Date well drilling completed: 3-17-05

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

Static Water Level: 125 feet above or below (circle one) land surface Date measured: 3-17-05

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

Hole depth: _____ Well depth: 190 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 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 170 feet to 190 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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 APR 15 2005
 BY: OLWR

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: Pike
 Permit #: _____
 Driller: Travis Boone
 Date completed: 3-17-05

For Office Use Only:

Aquifer: _____
 Well #: M-94
 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.

<p style="text-align: center;">Well Owner Information - <u>Pike County</u></p> <p>Owner Name: <u>Progress Fire Dept.</u> Mailing Address: <u>1005 Magnolia - Progress Rd</u> <u>McComb, Ms</u> <u>39648</u> City State Zip Code Telephone No. () _____</p>	<p style="text-align: center;">Well Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>17</u> Twn. <u>1N</u> Rng. <u>9E</u> Distance Direction Nearest Town <u>8</u> Miles <u>SE</u> of <u>Magnolia</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-17-05</u> Rated Pump Capacity: _____ Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>172</u> feet Number of Stages: _____</p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>3-17-05</u> Static Water Level (A): <u>125</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown ((B) - (A)): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line Steel Tape Other (specify): <u>String Line</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Travis Boone 0-514 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 15 2005

BY: OLWR