

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: Pike
Permit #: _____
Driller: Travis Boone
Date drilling completed: 4-29-05

For Office Use Only:
Aquifer: _____
Well #: M-96
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>Margine Gardner</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>4058 Pumping Station Rd.</u> <u>Osyka, Ms. 39657</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>1N</u> Rng <u>9E</u> |
| Telephone No. (____) _____ | Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>OSYKA</u> |

Well Data

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

Date well drilling started: 4-29-05 Date well drilling completed: 4-29-05

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 4-29-05

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

Hole depth: _____ Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 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: _____

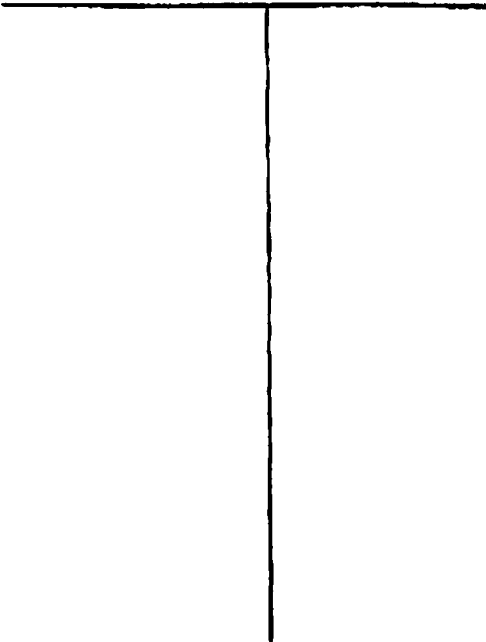
Name of organization running log(s): _____

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. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level



M-96

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 10 |
| 1 sand + gravel | 10 | 140 |
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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.

Pumping Station Rd.

trailer

well

trailer

Landowner Name: _____

David Boone
 Signature of Water Well Contractor

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: 4-29-05

For Office Use Only:

Aquifer: _____
 Well #: M-96
 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>Margine Gardner</u> Mailing Address: <u>4058 Pumping Station Rd</u> <u>Oakka, Mo 3657</u> City: _____ State: _____ Zip Code: _____ Telephone No. (____) _____ | 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>18</u> Twp <u>1N</u> Rng <u>9E</u> Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>NE</u> of <u>Oakka</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>4-29-05</u> Rated Pump Capacity: _____ Gallons Per Minute | Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Windmill: <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>125</u> feet Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>4-29-05</u> Static Water Level (A): <u>95</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 | Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> Steel Tape: <input type="checkbox"/> 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 |

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