

JAN-20-2002 01:38P FROM:

TO:16013600535

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### 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: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 3-7-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: P-114  
 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>Ricky Bullock</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>812 Hwy 469 S Florence, MS 39073</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
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec. <u>15</u> Twn <u>4N</u> Rng <u>2E</u>
Telephone No. ( ) _____	Distance: _____ Miles Direction: <u>NE</u> of Nearest Town: <u>Florence</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>3-7-08</u> Date well drilling completed: <u>3-7-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>45</u> feet above (or below (circle one)) land surface Date measured: <u>3-7-08</u>	
Method of Measurement (circle one): <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: <u>String Line</u>	
Hole depth: _____ Well depth: <u>70</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>50</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>50</u> feet to <u>70</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 log pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <input type="checkbox"/> 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.	
Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u>	Signature of Water Well Contractor <u>Travis Boone</u>

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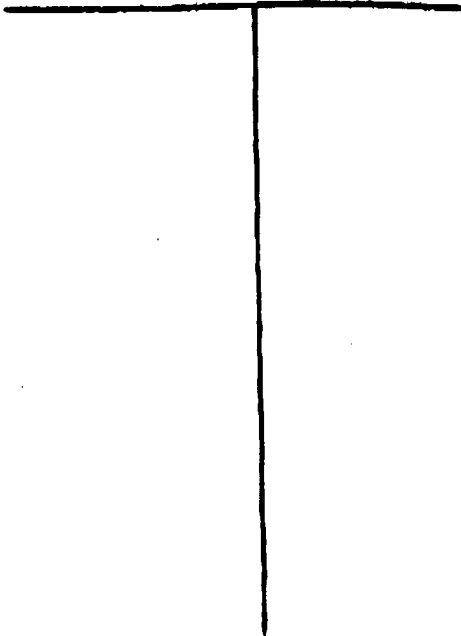
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P-114

If well intersects please sketch below and show depths.

Ground Level



Description of Formation Encountered

From To

Description of Formation Encountered	From	To
Clay	0	20
Sand	20	70

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: Ricky Bullock

*(Signature)*  
 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 10091  
 Jackson, MS 39219-0091  
 (601)261-5219  
 (601)254-6938 (fax)

County: Rankin  
 Permit #: \_\_\_\_\_  
 Diller: Travis Boone  
 Date completed: 3-7-08

Per Office Use Only  
 Agency: \_\_\_\_\_  
 Well #: P-114  
 Elevator: \_\_\_\_\_

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>Bucky Bullock</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>812 Hwy 4695</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Florence, Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39073</u>	<u>W</u> <u>4</u> <u>Sec 15</u> <u>Twp 4N</u> <u>Range 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3 miles NE of Florence</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Planted Gas <input type="checkbox"/>
Surface <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): _____	Name Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-7-08</u>	Setting Depth: <u>45</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>3-7-08</u>	Air Lift <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static is least: _____ feet
Drawdown (D) - (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 Travis Boone  
 Retail Representative of Pump Installer and License No. (if available) Signature of Pump Installer

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