

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: C-82

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Simpson  
Permit #: \_\_\_\_\_  
Driller: Travis Boone  
Date drilling completed: 6-28-05

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>Jay Maffin</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>9103 Holly Grove Cr. Braxton, Mo.</u>	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>2N</u> Rng <u>3E</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Braxton</u>	
City _____ State _____ Zip Code _____	Well Data		
Telephone No. (____) _____	Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>6-28-05</u> Date well drilling completed: <u>6-28-05</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>55</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>6-28-05</u>		
	Method of Measurement (circle one): steel tape electric tape air line other: <u>string line</u>		
	Hole depth: _____ Well depth: <u>130 ft.</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <u>Cement</u> Bentonite Mix		
	Casing length: <u>110</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>110</u> feet to <u>130</u> feet		
	Type of completion (circle all applicable): <u>Gravel packed</u> 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.		
	<u>TRAVIS BOONE 0-514</u>	<u>Travis Boone</u>	
	Print Name of Water Well Contractor and License No.	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: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 6-28-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-82  
 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>Tray Muffin</u> Mailing Address: <u>963 Holly Grove Circle</u> <u>Braxton, Mo</u>  <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> 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>9</u> Twp <u>2N</u> Rng <u>3E</u> Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Braxton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump installed: <u>6-28-05</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-28-05</u> Static Water Level (A): <u>55</u> Foot Below Land Surface Pumping Water Level (B): _____ Foot Below Land Surface Drawdown ((B) - (A)): _____ Foot Below Land Surface Test Pumping Rate: <u>16</u> <sup>OPEN</sup> <u>END</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	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

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