

### 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-87  
 L.S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Simpson  
 Parish #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 11-20-07

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>Billy Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>124 Gus Phillips Rd</u> <u>Braxton MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39044</u>	<u>1/4</u> Sec <u>1</u> Twn <u>24</u> Rng <u>3E</u>
Telephone No. ( ) _____	Distance: <u>3</u> Miles Direction: <u>N/E</u> of Nearest Town: <u>Braxton</u>

#### Well Data

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

Date well drilling started: 11-20-07 Date well drilling completed: 11-20-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-20-07

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

Hole depth: \_\_\_\_\_ Well depth: 180 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 110 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 160 feet to 180 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

RECEIVED  
 DEC 17 2007  
 BY: OLWR



RECEIVED

DEPT. OF STATE

BY OLIVE

DEC-17-2002 07:47A FROM:

TD:16013600535

P:2

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10491  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 11-20-07

**For Office Use Only**  
 Aquifer: \_\_\_\_\_  
 Well #: C-87  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the completion of pump.

Well Owner Information	Well Location
Owner Name: <u>Billy Williamson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>124 Gus Phillips rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>BRAXTON MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39044</u>	_____ W _____ W Sec <u>1</u> Twn <u>2N</u> Rng <u>3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>NE</u> of <u>Braxton</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	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"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-20-07</u>	Setting Depth: <u>100</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>11-20-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Seal Tape <input type="checkbox"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in foot: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16.0E</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

RECEIVED

DEC 17 2007

BY: OLWR

RECEIVED

DEPT. OF

BY OLWB