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: Simpson
Permit #:
Driller: Travis Boone
Date drilling completed: 11-9-04

Boone Water Well Service

For Office Use Only:
Aquifer:
Well #: Q-48
L. S. Elevation:
E-log #:

127

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

Owner Name: Chris Stamps
Mailing Address: 306 W.S. White Rd.
Mt. Olive, MS 39119
City State Zip Code
Telephone No. (601) 797-9639

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 5 Twn 10N Rng 17W
Distance 6 Miles Direction S of Nearest Town Magee

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 11-9-04 Date well drilling completed: 11-9-04
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 105 feet above or below (circle one) land surface Date measured: 11-9-04
Method of Measurement (circle one) steel tape electric tape air line other: String Line
Hole depth: ___ Well depth: 175 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 155 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 155 feet to 175 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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If well telescopes please sketch below and show depths.

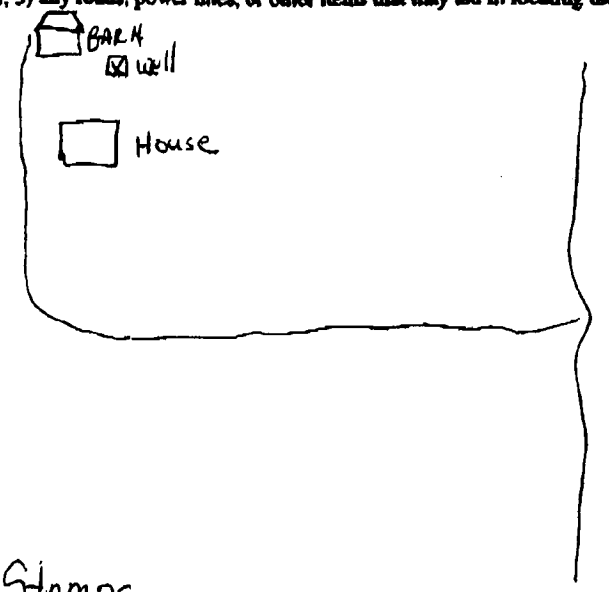
Ground Level Q-48

127

Description of Formations Encountered	From	To
Clay	0	15
sand	15	45
Clay	45	50
sand	50	120
pea gravel	120	175

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: Chris Stamps

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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Simpson
Permit #:
Driller: Travis Boone
Date completed: 11-9-04

For Office Use Only:
Aquifer:
Well #: Q-48 127
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

Owner Name: Chris Stamps
Mailing Address: 306 W.S. White Rd.
Mt. Olive, MS. 39119
City State Zip Code
Telephone No. (601) 797-9639

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec. 5 Twn. 10N Rng. 17W
Distance Direction Nearest Town
6 Miles S of Magee

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 11-9-04
Rated Pump Capacity: Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1½
Setting Depth: 135 feet
Number of Stages:

Pump Test Data

Date Well Tested: 11-9-04
Static Water Level (A): 105 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

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify): String Line
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 O-514
Print Name of Pump Installer and License No. (if applicable)

Travis Boone
Signature of Pump Installer

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DEC 06 2004
BY: OLWR

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