

A-1 Drilling Service, Inc.  
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 #: D19  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: M. Baughman  
Date drilling completed: 7-19-04

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>Gene Boone</u>	Latitude: <u>89° 25' 48"</u> Longitude: <u>32° 10' 33"</u>
Mailing Address: <u>3445 CR. 520-B1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Forest</u> <u>Ms</u> <u>39074</u> City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>20</u> Twn <u>4N</u> Rng <u>9E</u>
Telephone No. <u>(601) 536-3979</u>	Distance Direction Nearest Town <u>± 3</u> Miles <u>N</u> of <u>Pinerville</u>

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Well Data

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

Date well drilling started: 7-8-04 Date well drilling completed: 7-19-04

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

Static Water Level: 116 feet above or  below (circle one) land surface Date measured: 7-19-04

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

Hole depth: 539' Well depth: 529' Well grouted to a depth of 13' feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 500' feet Casing diameter: 4" inches Type of casing: Galv. T+C

Screen length: 30' feet Screen diameter: 4" inches Type of screen: Bar-weld 55

Screen slot size: .006-519'-529' inches Setting depth: From 499' feet to 529' 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: N/A 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): OFFICE OF GEOLOGY (Log. no. - D-0019)

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.

Mike Baughman 0587  
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)

For Office Use Only:

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

Well #: D19

Elevation: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: M. Baughman  
 Date completed: 7-19-04

**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>Gene Boone</u>	Latitude: <u>89° 23' 48"</u> Longitude: <u>32° 10' 33" N</u>
Mailing Address: <u>3445 CR. 520-B1</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Forest Ms. 39074</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>20</u> Twn <u>4N</u> Rng <u>9E</u>
Telephone No. <u>(601) 536-3979</u>	Distance Direction Nearest Town
	<u>± 3</u> Miles <u>N</u> of <u>Pineville</u>

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Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>7-19-04</u>	Setting Depth: <u>231'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No test run.</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>116</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Mike Baughman 0587      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer