

# 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 #: E-4B  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: MS-GW-116032  
Driller: Roy West Doty  
Date drilling completed: 6-14-05

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>Robert L Boone</u>	Latitude: <u>32° 41' 2"</u> Longitude: <u>89° 39' 49"</u>
Mailing Address: <u>11032 Hwy 18</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Morton</u> <u>MS</u> <u>39117</u> City State Zip Code	<u>SW 1/4 SE 1/4</u> Sec <u>27</u> Twn <u>3N</u> Rng <u>6E</u>
Telephone No. <u>(601) 269-3675</u>	Distance <u>5</u> Miles Direction <u>W</u> of Nearest Town <u>Ruliegh</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Poultry Farm</u>	
Date well drilling started: <u>11-29-03</u> Date well drilling completed: <u>6-14-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>231</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-15-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>1183</u> Well depth: <u>1183</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>1133</u> feet Casing diameter: <u>6x3</u> inches Type of casing: <u>Blk steel</u>	
Screen length: <u>50</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>stainless steel</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>1133</u> feet to <u>1183</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 <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>DEQ</u>	
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>David A. West</u> <u>0-672</u> Print Name of Water Well Contractor and License No.	<u>David A. West</u> Signature of Water Well Contractor

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JUN 30 2005

BY: OLWR



# 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 #: E-4B  
 Elevation: \_\_\_\_\_

County: Smith  
 Permit #: MS-6W-16032  
 Driller: Ray H. West Drilling  
 Date completed: 6-14-05

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>Robert L. Boone</u>	Latitude: <u>32 4 2</u> Longitude: <u>89 39 49</u>
Mailing Address: <u>11032 Hwy 18</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Morton</u> <u>MS</u> <u>39117</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 27 Twn 3 N Rng 6 E</u>
Telephone No. <u>(601) 269-3675</u>	Distance Direction Nearest Town
	<u>8 Miles W of Raleigh</u>

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 <input type="radio"/> <input type="radio"/> <u>Turbine</u>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> <input type="radio"/> <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6-15-05</u>	Setting Depth: <u>380</u> feet
Rated Pump Capacity: <u>120</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-17-05</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>231</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>248</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>140</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

David A. West 0-672 David A. West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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