St	ate Well Report		
county: Smith	Part 1	For Office Use Only:	
Mississippi De	epartment of Environmental Quality	Aquifer:	
	of Land and Water Resources P.O. Box 10631	Well #: E- 4B	
Driller: Rog Millest Dolly Ja	ckson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: <u>6*14-05</u>	(601)961-5210 (601)354-6938 (fax)	E-log #:	
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	We	Location	
Owner Name Robert L Boone		_" Longitude: <u>\$9° 39 · 49</u> "	
Mailing Address: 11032 14wy 18	Method of Lat/Long (circle o	ne): Conventional Survey,	
	USGS quad, Hand-held	I GPS, Survey-grade GPS	
Morton MS 39/1 City State Zip Co	<u>7</u> <u>SW 14 SE 14 Sec 2</u>	Twn 3N Rng 6E	
Telephone No. (601) 269- 3675			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry Farm			
Date well drilling started: $11-29-03$ Date well drilling completed: $6-14-05$			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: <u>231</u> feet above or below (circle one) land surface Date measured: <u>6-15-05</u>			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 1183 Well depth: 1183 Well grouted to a depth of 20 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: <u>1133</u> feet Casing diameter: $6 \times 3$ inches Type of casing: <u>B1k Stee</u>			
Screen length: <u>50</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>STAIN lers 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): 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): DEQ 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.			
DAVIDA. West 0-672 Dan A. Lib			
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor			

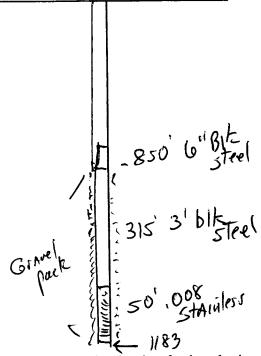
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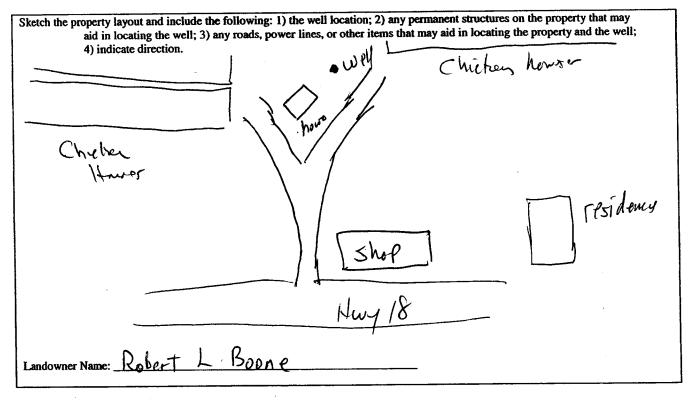
JUN 3 0 2005 BY: OLWR If well telescopes please sketch below and show depths.





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Description of Formations Encountered	From To
CLAY	08
SAND	8 56
CLAY	56 143
LIMESTONE	143 187
CLAY	187 200
SANDY	200 212
CLAY	212 265
SANDY	265 271
CNAY	222 643
SANDY CLAY	643 765
CLAY	765 803
SANDY CLAY	803 846
HARD CLAY & ROCK	846965
SHODY CHAY & ROLK	9651090
SAND	10901183

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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STATE WELL REPORT			
County: <u>Smith</u> Permit #: <u>M5-Gtu-16032</u> Driller: <u>Ray h WestDal</u> ly Dete completed. (a=14-0.5 (601)	art 2 For Office Use Only:   completion Report Aquifer:   tof Environmental Quality Aquifer:   Matter Resources Well #:		
installation of pump. Well Owner Information Well Location			
Owner Name: Robert L Broone	Latitude: 32 4 2 Longitude: 89 39 49		
$\frac{1032}{1032}$	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Morton MS 39117 City State Zip Code	SW 4 35 4 Sec 27 Twn 3 N Rng 6 F		
City State Zap Code	Distance Direction Nearest Town		
Telephone No. (601) 269-3675	<u>8 Miles</u> <u>W of Raliegh</u>		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed:	Setting Depth: feet		
Rated Pump Capacity: 120 Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 6-17-05	Circle one		
Static Water Level (A): 23 Feet Below Land Surface Air Line Electric Measuring Line Steel Tap			
Pumping Water Level (B): 248 Feet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: <u>140</u> Gallons Per Minute	Gallons Per Minute Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. David A. West 8-672 David A. West			
DAVID A. West 0-672 Can A. West Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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