

State Well Report

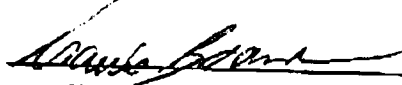
Part 1

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: Smith
 Permit #: _____
 Driller: TRAVIS BOONE
 Date drilling completed: 1-12-05

For Office Use Only:
 Aquifer: _____
 Well #: N-35
 L. S. Elevation: _____
 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		Well Location	
Owner Name: <u>SAMMY EVANS</u>	Latitude: _____ " Longitude: _____ "	Mailing Address: <u>380 SCR 79</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Mize, MS 39116</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>1N</u> Rng <u>8E</u>	City _____ State _____ Zip Code _____	Distance <u>6 1/2</u> Miles Direction <u>NE</u> of Nearest Town <u>Mize</u>
Telephone No. <u>(601) 733-9336</u>	Well Data		
Purpose of Well (circle one) Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	Date well drilling started: <u>1-12-05</u>	Date well drilling completed: <u>1-12-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>120</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>1-12-05</u>	
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: <u>Stringline</u>	Hole depth: _____ Well depth: <u>225</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Concrete</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix _____	Casing length: <u>205</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>sch 40</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches	Screen slot size: <u>8</u> inches	Type of screen: <u>sch 40</u>	
Screening depth: From <u>205</u> feet to <u>225</u> feet	Type of completion (circle all applicable): <u>Gravel packed</u> <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <u>No log run</u> <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.			
<u>TRAVIS BOONE</u> <u>0-514</u>			
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 39299-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Smith
 Permit #: _____
 Driller: TRAVIS BOONE
 Date completed: 1-12-05

For Office Use Only:

Aquifer: _____
 Well #: N-35
 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	Well Location
Owner Name: <u>Sammy Evans</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>380 SCR 79</u> <u>Mize, MS 39116</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 733-9336</u>	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>1N</u> Rng <u>15W</u>
	Distance Direction Nearest Town
	<u>6 1/2</u> Miles <u>NE</u> of <u>Mize</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Head Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>1-12-05</u>	Setting Depth: <u>150ft</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-12-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>STRING LINE</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured stat in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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 0-514 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer