

State Well Report

Part I

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 #: P-39
 L. S. Elevation: _____
 E-log #: _____

County: Smith
 Permit #: _____
 Driller: TRAVIS BOONE
 Date drilling completed: 10-12-04

Boone Water Well Service

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>Joe Evans</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CO 30</u> <u>New Location / No Address</u> <u>Mt Olive, ms 39119</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (601) <u>733-9791</u>	_____ 1/4 _____ 1/4 Sec. <u>34</u> Twn <u>10N</u> Rng <u>16W</u>
	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Mt Olive</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken House</u>	
Date well drilling started: <u>10-12-04</u> Date well drilling completed: <u>10-12-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>28</u> feet <input checked="" type="radio"/> above <input checked="" type="radio"/> or below (circle one) land surface Date measured: <u>10-12-04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>stringline</u>	
Hole depth: _____ Well depth: <u>60 ft</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>40</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 Type of screen: <u>sch 40</u>	
Screen slot size: <u>8</u> inches Setting depth: From <u>40</u> feet to <u>60</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.	
<u>TRAVIS BOONE</u> <u>0-514</u>	<u>Travis Boone</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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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 39209-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Smith
 Permit #: _____
 Diller: TRAVIS BOONE
 Date completed: 10-12-04

For Office Use Only
 Aquifer: _____
 Well #: P-39
 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>Joe Evans</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CO 30</u> <u>near location/no address</u> <u>Mt. Olive, MS 39119</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 733-9791</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Mt. Olive</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
Buhoat Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Counting Battery Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Flow Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>10-12-04</u>	Setting Depth: <u>55</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>10-12-04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tube</u>
Static Water Level (A): <u>28</u> Feet Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static 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