

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 #: P-40
 L. S. Elevation: _____
 E-log #: _____

County: Smith 129
 Permit #: _____
 Driller: TRAVIS BOONE
 Date drilling completed: 1-11-05

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>SCR 30</u> <u>Mt. Olive 39119</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ W _____ Sec <u>34</u> Twn <u>10N</u> Rng <u>16W</u>
Telephone No. (____) _____	Distance: <u>5</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Mt Olive</u>

Well Data

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

Date well drilling started: 1-11-05 Date well drilling completed: 1-11-05

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 1-11-05

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

Hole depth: _____ Well depth: 245 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 225 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 225 foot to 245 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: _____ foot. 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): _____

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.

TRAVIS BOONE 0-514
 Print Name of Water Well Contractor and License No.

Travis Boone
 Signature of Water Well Contractor

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FEB 04 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)

County: Smith
Permit #: _____
Driller: TRAVIS BOONE
Date completed: 1-11-05

For Office Use Only:

Aquifer: _____
Well #: P-40
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>SCR 30</u> <u>Mt. Olive, MS</u> <u>39119</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
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twp <u>10N</u> Rng <u>16W</u>
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
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>150</u> feet Number of Stages: _____
Date Pump Installed: <u>1-11-05</u>	
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-05</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>STRING LINE</u>
Static Water Level (A): <u>110</u> Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown (B) - (A): _____ Foot Below Land Surface	
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 Travis Boone
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR