

MAR-28-2007 07:36A FROM:

TO: 16013600535

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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: 2-28-07

For Office Use Only:
 Aquifer: _____
 Well #: Q-54
 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>James Helder</u> | Latitude: _____ " Longitude: _____ " | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | |
| Mailing Address: <u>536 SR 14-1</u> <u>Jay Lovelle</u> | _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>10N</u> Rng <u>15W</u> | Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Jay Lovelle</u> | |
| City _____ State _____ Zip Code <u>39168</u> | Telephone No. (_____) _____ | | |
| Well Data | | | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | | | |
| Date well drilling started: <u>2-28-07</u> | | Date well drilling completed: <u>2-28-07</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | | |
| Static Water Level: <u>85</u> feet above or <u>below</u> (circle one) land surface | | Date measured: <u>2-28-07</u> | |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u> | | | |
| Hole depth: _____ | | Well depth: <u>170</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | | | |
| Casing length: <u>150</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>150</u> feet to <u>170</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 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. | | | |
| Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u> | | Signature of Water Well Contractor <u>Travis Boone</u> | |

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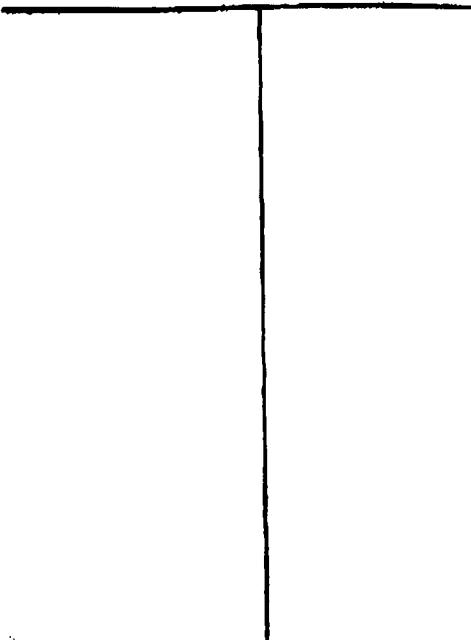
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Q-54

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 15 |
| Sand | 15 | 55 |
| Clay | 55 | 130 |
| Sand | 130 | 190 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: James Holder

David Brown
Signature of Water Well Contractor

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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: 2-28-07

For Office Use Only:
 Aquifer: _____
 Well #: Q-54
 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>James Holder</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>536 SCR 14-1</u> | Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, |
| <u>Nylorville, MS</u> | <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>39168</u> | <input type="checkbox"/> 1/4 _____ 1/4 Sec <u>24</u> Twp <u>10N</u> Rng <u>15W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | <u>2</u> Miles <u>SW</u> of <u>Nylorville</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>2-28-07</u> | Setting Depth: <u>130</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>2-28-07</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>85</u> Feet Below Land Surface | Other (specify): <u>String Line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut 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: <u>160F</u> 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
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone
 Signature of Pump Installer