

44 JAN 18 2002 10:05A 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: Stone
 Permit #: _____
 Driller: TRAVIS BOONE
 Date drilling completed: 10-20-05

For Office Use Only:
 Aquifer: _____
 Well #: A-46
 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>Jack Rasdale</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>34 OT Davis Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Lumberton, MS</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>39455</u>	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>25</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8 1/2</u> Miles <u>W</u> of <u>Wiggins</u>

Well Data

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

Date well drilling started: 10-20-05 Date well drilling completed: 10-20-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-20-05

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

Hole depth: _____ Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 16 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 84 feet to 90 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): _____

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 Travis Boone
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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TO: 16013600535

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STATE WELL REPORT Part 2

County: Stone
 Permit #: _____
 Driller: TRAVIS BOONE
 Date completed: 10-20-05

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)

For Office Use Only:
 Aquifer: _____
 Well #: H-100
 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>Jack Ragsdale</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>34 OT Davis Rd</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey,
<u>Lumberton MS</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>39455</u>	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>25</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8 1/2</u> Miles <u>W</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>10-20-05</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-20-05</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Other (specify): <u>string line</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape For flowing well, measured static head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown (B) - (A): _____ Feet Below Land Surface	
Test Pumping Rate: <u>110 DF</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 D-514
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone
 Signature of Pump Installer

