

5

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)

County: Stone
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 5-1-09

For Office Use Only:
 Aquifer: _____
 Well #: G121
 L. S. Elevation: _____
 B-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>Robert Langlais</u>	Latitude: <u>30° 49' 03"</u> Longitude: <u>81° 04' 23"</u>
Mailing Address: <u>65 Swamp Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rockington, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39573</u>	<u>SE 4 NE 4 Sec 3 Twn 35 Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>SF</u> of <u>Wiggins</u>

Well Data

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

Date well drilling started: 5-1-09 Date well drilling completed: 5-1-09

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 5-1-09

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

Hole depth: 82 Well depth: 82 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 62 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 62 feet to 82 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
 Print Name of Water Well Contractor and License No.

Travis Boone
 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 10071
 Jackson, MS 39208-0071
 (601)961-3210
 (601)954-4938 (fax)

County: Stone
 Parish #: _____
 Diller: Travis Boone
 Date completed: 5-1-09

For Office Use Only
 Agency: _____
 Well #: 6121
 Inspector: _____

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>Robert Langlinais</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 Swamp Rd</u>	Method of Location (check one): <u>Conventional Survey</u>
<u>Perkingston MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39573</u>	<u>4 4 Sec 3 Twp 38 Rng 11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>5 miles SE of Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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"/>
Composites <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Name Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-1-09</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>12.0E</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-1-09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>10</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 test: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16.0E</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above information is true to the best of my knowledge.

Travis Boone
 Print Name of Pump Installer and License No. (if available)

Travis Boone
 Signature of Pump Installer