

JAN-15-2002 11:25A FROM:

TO:16013600535

P:4

### 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: Horne  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 12-19-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-21  
 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>Josh Moran</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>188 Coat Kussin Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Perkinston Ms</u>	USGS quad. Hand-held GPS, Survey-grade GPS
<u>391573</u>	<u>4</u> <u>4</u> Sec <u>18</u> Twn <u>45</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>12</u> Miles <u>W</u> of <u>McHenry</u>

Well Data

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

Date well drilling started: 12-19-07 Date well drilling completed: 12-19-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 12-19-07

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

Hoic depth: \_\_\_\_\_ Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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 110 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of log 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's regulations and state laws.

Travis Boone 0-514 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. 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: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 12-19-07

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: J-21  
 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>Josh Meraw</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>188 Cort Sausage Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Parkinson, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>39573</u> Zip Code: _____	<u>4</u> <u>W</u> <u>Sec 18</u> <u>Twp 4S</u> <u>Rng 13W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1.2 Miles W of McHenry</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Countershaft Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-19-07</u>	Setting Depth: <u>120</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>12-19-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>90</u> Foot Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown (B) - (A): _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10 D.F.</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) Signature of Pump Installer

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