

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: 11-14-07

For Office Use Only:

Aquifer: _____
 Well #: K-51
 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>Tim McKeown</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18 Sub Hickman Rd</u> <u>Perkinston, MS</u> <u>39573</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>45</u> Rng <u>12W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>W</u> of <u>McHenry</u>
Well Data	
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	
Date well drilling started: <u>11-14-07</u> Date well drilling completed: <u>11-14-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>22</u> feet above or below (circle one) land surface Date measured: <u>11-14-07</u>	
Method of Measurement (circle one) <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: <u>String Line</u>	
Hole depth: _____ Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>60</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>60</u> feet to <u>80</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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	
Log run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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 

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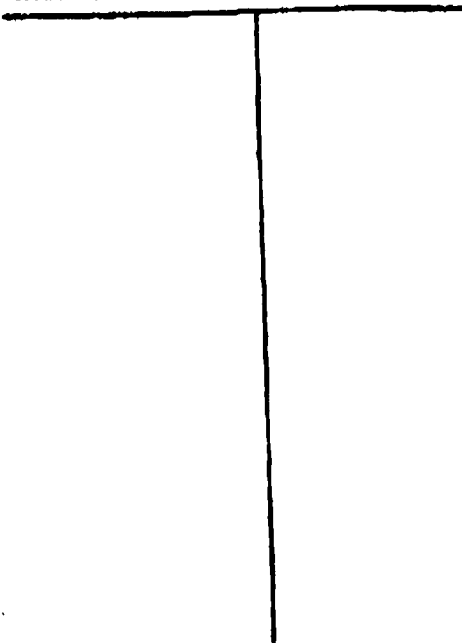
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If well telescopes please sketch below and show depths.

K-51

Ground Level



Description of Formations Encountered	From	To
Clay sand	0	60
	60	80

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: Tim McHenry

[Signature]
Signature of Well 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 39209-0631
(601)961-5210
(601)334-6938 (fax)

For Office Use Only

Aquifer: _____

Well #: K-51

Elevation: _____

County: Stone
 Permit #: _____
 Installer: Travis Boone
 Date completed: 11-14-07

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>Tim McKeown</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>18 Sub Hickman 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>392573</u>	<u>4</u> <u>4</u> Sec <u>7</u> Twp <u>4S</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>W</u> of <u>McKenney</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"/>
Overhead <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>11-14-07</u>	Setting Depth: <u>45</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>11-14-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tube <input type="checkbox"/>
Static Water Level (A): <u>23</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured draw in test: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>110 GPM</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 Travis Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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