

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: 3-7-06

For Office Use Only:
 Aquifer: _____
 Well #: L-33
 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>Kevin Cuevas</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>921 East McHenry Rd</u> <u>Perkingston, Mo</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>45</u> Rng <u>11W</u>	
City: _____ State: _____ Zip Code: <u>39573</u>	Distance: <u>6</u> Miles Direction: <u>S</u> of Nearest Town: <u>Perkingston</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>3-6-06</u> Date well drilling completed: <u>3-7-06</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>115</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>3-7-06</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>StringLine</u>			
Hole depth: _____ Well depth: <u>435</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>415</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>415</u> feet to <u>435</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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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10691
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Stone
 Permit #: _____
 Driller: Travis Boone
 Date completed: 3-7-06

For Office Use Only:
 Aquifer: _____
 Well #: L-33
 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>Kevin Cuevas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>921 East McKinney Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Rockington, Mo</u>	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>45</u> Rng <u>11W</u>
<u>39573</u>	Distance Direction Nearest Town
City State Zip Code	<u>6</u> Miles <u>S</u> of <u>Rockington</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-7-06</u> Rated Pump Capacity: <u>22</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>190</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-7-06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>string line</u>
Static Water Level (A): <u>115</u> Feet Below Land Surface	For flowing well, measured shut in 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>30 OE</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

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