

JAN-5-2002 02:55P FROM:

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County: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 10-5-05

### 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-126  
 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>St. Francis Animal Inst.</u>                          | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>970 Bud Magee Rd</u><br><u>Jackson, MS 39167</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                             | _____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>3N</u> Rng <u>10E</u>                                      |
| Telephone No. (_____) _____  | Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Jackson</u>                             |

**Well Data**

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

Date well drilling started: 10-5-05 Date well drilling completed: 10-5-05

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 10-5-05

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

Hole depth: \_\_\_\_\_ Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 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 130 feet to 150 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

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BY: OLWR

# 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: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date completed: 10-5-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C-126  
 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>St. Francis Animal Sant</u> | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>970 Red Mage Rd</u>    | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,                                  |
| <u>Tylertown, MS</u>                       | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>39667</u>                               | <u>4</u> <u>4</u> Sec. <u>33</u> Twp. <u>3N</u> Rng. <u>10E</u>  |
| City State Zip Code                        | Distance Direction Nearest Town  |
| Telephone No. (_____) _____                | <u>5</u> Miles <u>NW</u> of <u>Tylertown</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <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"/>                      | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal <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>10-5-05</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<br>Circle one  |
|---|--|
| Date Well Tested: <u>10-5-05</u>                          | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>90</u> Feet Below Land Surface | Other (specify): <u>string Line</u>  |
| Pumping Water Level (B): _____ Feet Below Land Surface    | For flowing well, measured about in head: _____ feet   |
| Drawdown [(B) - (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 statements are true to the best of my knowledge.

TRAVIS BOONE 0-5141 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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