

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: Walthall
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 6-24-05

For Office Use Only:
 Aquifer: _____
 Well #: E-123
 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>Roger Newman</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>204 Silverwater Creek</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lybertown MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>39667</u> | _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>2N</u> Rng <u>9E</u> |
| City State Zip Code | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. (____) _____ | <u>6</u> Miles <u>SE</u> of <u>Lybertown</u> |

Well Data

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

Date well drilling started: 6-23-05 Date well drilling completed: 6-24-05

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

Static Water Level: 4 feet above or below (circle one) land surface Date measured: 6-24-05

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

Hole depth: _____ Well depth: 125 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: sch 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: sch 40

Screen slot size: 8 inches Setting depth: From 115 feet to 125 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. 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Walthall
 Permit #: _____
 Driller: Travis Boone
 Date completed: 6-24-05

For Office Use Only:

Aquifer: _____
 Well #: E-173
 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>Roger Newman</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>204 Sweetwater Creek</u> <u>Tylertown ms</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| City: _____ State: _____ Zip Code: <u>39667</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. () _____ | <u>1/4</u> <u>1/4</u> Sec. <u>24</u> Twn <u>2N</u> Rng <u>9E</u> |
| | Distance _____ Direction _____ Nearest Town _____ |
| | <u>6</u> Miles <u>SE</u> of <u>Tylertown</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input 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 type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| 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>6-24-05</u> | Setting Depth: <u>25</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>6-24-05</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>4</u> Foot Below Land Surface | Other (specify): <u>string line</u> |
| Pumping Water Level (B): _____ Foot Below Land Surface | For flowing well, measured static head: _____ feet |
| Drawdown [(B) - (A)]: _____ Foot Below Land Surface | Well yielded _____ GPM with a drawdown of _____ |
| Test Pumping Rate: <u>110</u> ^{open} <u>END</u> Gallons Per Minute | _____ foot other _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

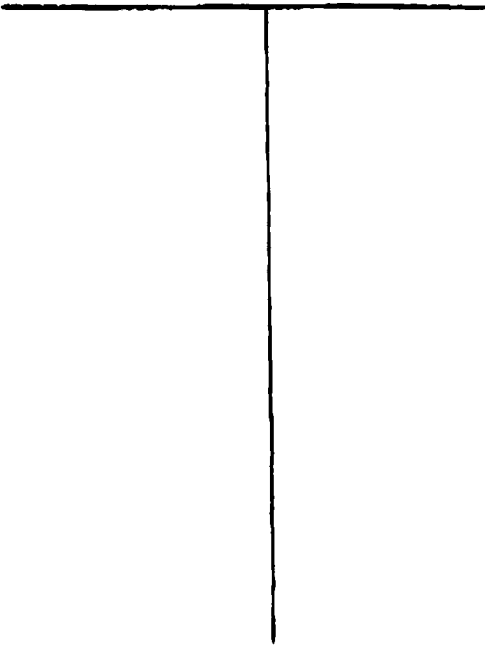
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Travis Boone 0-514 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

E-173

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 10 |
| pearl gravel | 10 | 15 |
| Clay sand | 15 | 125 |
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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.



[Handwritten Signature]
 Signature of Water Well Contractor