

# State Well Report

## Part 1

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 #: E-174

L.S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Walthall  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 6-24-05

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 Sweetwater Creek Rd</u> <u>Tylertown, MS</u> <u>39667</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>24</u> Twp <u>2N</u> Rng <u>9E</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Tylertown</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>6-24-05</u> Date well drilling completed: <u>6-24-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>4</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-24-05</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>string line</u>	
Hole depth: _____ Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>115</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch 40</u>	
Screen length: <u>10</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>115</u> feet to <u>125</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.	
<u>TRAVIS BOONE 0-514</u>	<u>Travis Boone</u>
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-174  
 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> Mailing Address: <u>204 Invertoner Creek Rd</u> <u>Tylertown, ms</u> <u>39429</u> City State Zip Code Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>1/4 Sec 24 Twp 2N Rng 9E</u> Distance Direction Nearest Town <u>6 Miles SE of Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine <input checked="" type="radio"/> <u>Electric Motor</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-24-05</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>25</u> feet Number of Stages: _____

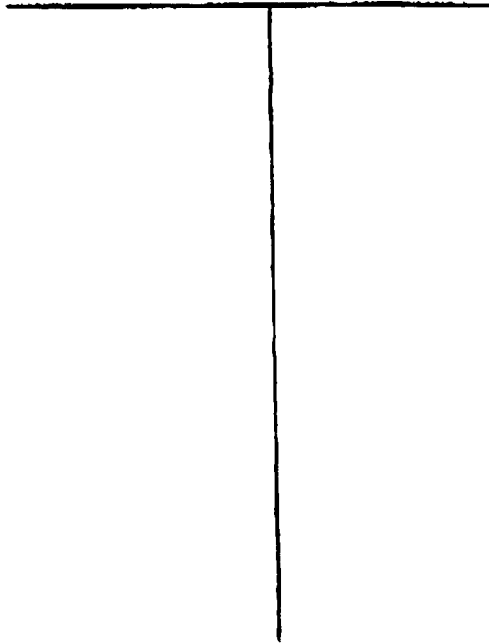
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-24-05</u> Static Water Level (A): <u>4</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>110</u> <sup>open</sup> <u>END</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>string line</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
TRAVIS BOONE 0-514 Travis Boone  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

E-174

If well telescopes please sketch below and show depths.

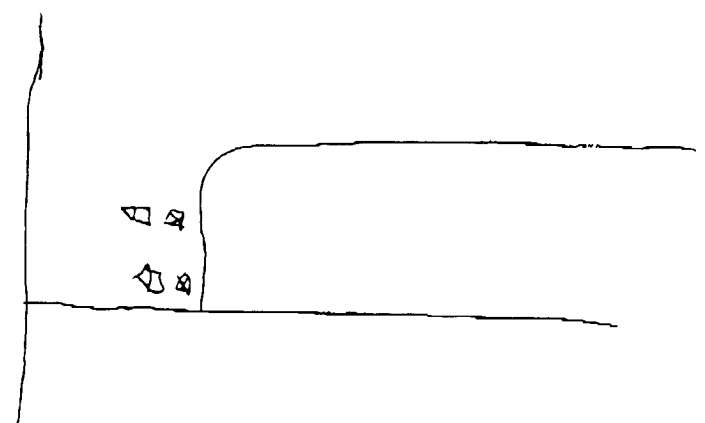
Ground Level



Description of Formations Encountered	From	To
Clay	0	10
gray sand	10	15
Clay	15	105
sand	105	125

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: Roger Newman

[Signature]  
Signature of Water Well Contractor