

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: 5-3-05

For Office Use Only:
Aquifer: _____
Well #: H-102
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>Steve Estes</u> ESTES	Latitude: _____ Longitude: _____
Mailing Address: <u>97 Estes Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Lylertown, Mo.</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>39667</u>	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>1N</u> Rng <u>9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 876-5711</u>	<u>7</u> Miles <u>SW</u> of <u>Lylertown</u>

Well Data

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

Date well drilling started: 5-3-05 Date well drilling completed: 5-3-05

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 5-3-05

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

Hole depth: _____ Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 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 screens, 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 Travis Boone
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: 5-3-05

For Office Use Only:

Aquifer: _____
 Well #: H-103
 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>Steve Ester</u> Mailing Address: <u>97 Eatzer Rd.</u> <u>Julesburg Mo</u> <u>39667</u> City State Zip Code Telephone No. <u>601 876-5711</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>1</u> Twp <u>1N</u> Rng <u>9E</u> Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Julesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-3-05</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>120</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-3-05</u> Static Water Level (A): <u>95</u> Foot Below Land Surface Pumping Water Level (B): <u>95</u> Foot Below Land Surface Drawdown ((B) - (A)): _____ Foot Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>stainless 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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer