

JAN-1-2002 12:01P FROM:

TO: 16013600535

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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)

County: Walthell
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 9-28-05

For Office Use Only:
 Aquifer: _____
 Well #: H-25
 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>Vernon Barnes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>52 Estes Rd</u> <u>Tylertown, MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: <u>MS</u> Zip Code: <u>39667</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec. <u>1</u> Twn <u>1N</u> Rng <u>9E</u>
	Distance _____ Direction <u>SW</u> Nearest Town <u>Tylertown</u>

Well Data

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

Date well drilling started: 9-28-05 Date well drilling completed: 9-28-05

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 9-28-05

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

Hole depth: _____ Well depth: 145 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 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 125 feet to 145 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 Travis Boone
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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 10631
Jackson, MS 39209-0631
(601)961-5210
(601)354-6938 (fax)

County: Walthall
 Permit #: _____
 Driller: Travis Boone
 Date completed: 9-28-05

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>Vernon Barnes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>52 Estess Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tylertown, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39667</u>	_____ 1/4 _____ 1/4 Sec. <u>1</u> Twp. <u>1N</u> Rng. <u>9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>6 Miles SW of Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-28-05</u>	Setting Depth: <u>110</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>9-28-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>95</u> Foot Below Land Surface	Other (specify): <u>string line</u>
Pumping Water Level (B): <u>0</u> Foot Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown [(B) - (A)]: _____ Foot Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16 OF</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 0-514 Travis Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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H-105

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
mod + big gravel	0	145

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: Vernon Barnes

Vernon Barnes
Signature of Water Well Contractor

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