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: Walthall
Permit #:
Driller: Travis Boone
Date drilling completed: 4-22-08

For Office Use Only:
Aquifer:
Well #: J-69
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

Owner Name: Raymond Lee
Mailing Address: 516 Airline Hwy
Tylertown, MS 39667
City State Zip Code
Telephone No. ( )

Well Location

Latitude: ° ' " Longitude: ° ' "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec 36 Twn 1N Rng 11E
Distance 7 miles Direction SE of Nearest Town Tylertown

Well Data

Purpose of Well (circle one): (Home) Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 4-21-08 Date well drilling completed: 4-22-08
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 145 feet above or (below) (circle one) land surface Date measured: 4-22-08
Method of Measurement (circle one) steel tape electric tape air line other: String Line
Hole depth: Well depth: 300 Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 280 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 280 feet to 300 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 D-514
Print Name of Water Well Contractor and License No.

Travis Boone
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)354-6935 (fax)

County: Walthall
Permit #:
Driller: Travis Boone
Date completed: 4-22-08

For Office Use Only
Aquifer:
Well #: J-69
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

Owner Name: Raymond Lee
Mailing Address: 516 Airline Hwy
Tylertown Ms
39667
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec. 36 Twp. 1N Rng. 11E
Distance Direction Nearest Town
7 Miles SE of Tylertown

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 4-22-08
Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 200 feet
Number of Stages:

Pump Test Data

Date Well Tested: 4-22-08
Static Water Level (A): 145 Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface
Test Pumping Rate: 12 GPM Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): Steing Line
For flowing well, measured feet 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
Print Name of Pump Installer and License No. (if applicable)

Travis Boone
Signature of Pump Installer

J-69

If well telescoped please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	10
sand	10	65
Clay	65	85
would not press sand	85	115
Clay	115	260
sand	260	300

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: Raymond Lee

Signature of Water Well Contractor