

Forrest

State Well Report

Part 1

County: LAMAR
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date drilling completed: 11-4-11

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: A 794
 Well #: A106
 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 (2011-2)	Well Location
Owner Name: <u>SAFARI PROPERTIES</u>	Latitude: <u>31° 22' 25.7"</u> Longitude: <u>89° 26' 28.8"</u>
Mailing Address: <u>1329 GRANTHAM RD</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Sumner</u> MS <u>39482</u>	<u>30</u> 1/4 <u>30</u> 1/4 Sec. <u>29</u> Twn. <u>5N</u> Rng. <u>14W</u>
City State Zip Code	NW NE 30
Telephone No. <u>(601) 268-3162</u>	Distance Direction Nearest Town <u>+ 6</u> Miles <u>W-NW</u> of <u>Hattiesburg</u>

Well Data

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

Date well drilling started: 10-17-11 Date well drilling completed: 11-4-11

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

Static Water Level: 119 feet above or below (circle one) land surface Date measured: 11-4-11

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

Hole depth: 376' Well depth: 375' Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 355 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Slotted PVC

Screen slot size: .006 inches Setting depth: From 355 feet to 375 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: NA 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.

Mike Baughman 587 Mike Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Forrest

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: LAMAR
 Permit #: _____
 Driller: A-1 DRILLING
 Date completed: 10-13-11

For Office Use Only:
 Aquifer: _____
 Well #: A106
 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 (2011-2)	Well Location
Owner Name: <u>SAEAD PROPERTIES</u> Mailing Address: <u>1329 GRANTHAM</u> <u>SUMRALL MS 39482</u> City State Zip Code Telephone No. <u>(601) 268-3162</u>	Latitude: <u>31° 22' 25.7"</u> Longitude: <u>29° 26' 28.8"</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 3/4 SW 1/4 Sec 29 Twn 5N Rng 14W</u> Distance <u>NW NE 30</u> Direction Nearest Town <u>±6 Miles W-NW of Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine <u>Electric Motor</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-7-11</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>180</u> feet Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>119</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet 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>SONIC</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.
Mike Bourdeman 587 Mike Bourdeman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer