

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: Forrest
Permit #: _____
Driller: John W Thompson
Date drilling completed: 12-3-07

For Office Use Only:
Aquifer: _____
Well #: B-151
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>Thames Gandy</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2130 Glendale Ave</u> <u>Hattiesburg MS 39401</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>5N</u> Rng <u>13W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>NW</u> of <u>Glendale</u> |

Well Data

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

Date well drilling started: 12-2-07 Date well drilling completed: 12-3-07

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 12-3-07

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

Hole depth: 103 Well depth: 90 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 70 feet to 90 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.

John W Thompson 0-679 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
DEC 11 2007
BY: OLWR

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: Forrest
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 12-3-07

For Office Use Only:

Aquifer: _____
 Well #: B-151
 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>Thames Gandy</u> Mailing Address: <u>2130 Glendale Ave</u> <u>Hattiesburg MS 39401</u> City _____ State _____ Zip Code _____ Telephone No. (____) _____ | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>5N</u> Rng <u>13W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>NW</u> of <u>Glendale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>12-3-07</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute | <input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>70</u> feet Number of Stages: _____ |
| <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>12-3-07</u> Static Water Level (A): <u>6</u> Feet Below Land Surface Pumping Water Level (B): <u>15</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface Test Pumping Rate: <u>25</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>25</u> GPM with a drawdown of <u>9</u> feet after <u>4</u> hours of pumping |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W. Thompson 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer

RECEIVED
 DEC 14 2007
 BY: OLWF

STATE WELL REPORT

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 10031
 Jackson, MS 39208-0031
 (601) 354-6277
 (601) 354-6277 (fax)

for Office Use Only
 Area No. _____
 Well No. _____
 Elevation _____

County _____
 District _____
 City/Township _____

This report should be prepared by the pump installer in detail and filed with the department within 30 days of the installation of pump.

| | |
|---|---|
| <p> Well Location Township _____ Range _____ Section _____ Direction _____ Distance _____ Miles Method of Location (circle one): Conventional Survey GPS Hand Held GPS Survey GPS </p> | <p> Well Owner Information Owner Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone No. _____ </p> |
|---|---|

| | |
|---|---|
| <p> Engine Information Engine Type _____ Diesel Engine _____ Gasoline Engine _____ Electric Motor _____ Hand _____ Other (specify) _____ Horse Power Rating of Motor _____ Battery Depth _____ Number of Batteries _____ </p> | <p> Pump Information Pump Type _____ Bucket _____ Piston _____ Rotary _____ Flowing Well _____ Other (specify) _____ Does pump flow freely? _____ Number of Pump Cycles _____ Gallons per Minute _____ </p> |
|---|---|

| | |
|---|--|
| <p> Flowing Well Data Date Well Tested _____ Test Water Level (A) _____ Feet Below Land Surface Pumping Water Level (B) _____ Feet Below Land Surface Test Water Level (C) _____ Feet Below Land Surface Test Pumping Rate _____ Gallons per Minute Duration of Flow Test (minimum 4 hours) _____ hours </p> | <p> Method of Measuring Water Level Circle one: Air Line _____ Electric Measuring Line _____ Other (specify) _____ For flowing well, measured static head _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping </p> |
|---|--|

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Signature of Pump Installer _____
 Print Name of Pump Installer and License No. (if applicable) _____