County: Forrest
Permit #:
Date drilling completed: 7-28-08

State Well Report

Part 1 – Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

For Office Use Only:
Aquifer:
Well #: 15 - 155
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Department at the above undress within 30 mays of comp	neuron of arming of the metro. Societies			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)				
Owner Name Somes Concrete	Latitude:°' Longitude:°'"			
242 - 1 000	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address 3438 Hwy 98 E	11000 1 W 11 11 0P0 0			
·	USGS quad, Hand-held GPS, Survey-grade GPS			
011 000 2040	¼¼ Sec 33_ Twn 5N Rng 3W			
Calumbia (115 2742-9				
City State Zip Code	Distance Direction Nearest Town			
	MilesN of Hattiesburg			
Telephone No. ()	J			
•				
Well / Bore	hole Data			
Date drilling started: 7-28-06 Date drilling completed: 7-28	18 147 7%			
Date drilling started: 1 00 Date drilling completed: 100	Hole depth: 110 Hole diameter: 112			
Visit Colonia Company Company of the 13 color				
Location of the source of any surface water used for drilling: Community water Method of dosing and volume of Chlorine used in drilling and development:				
Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):	Density Some recuron Smer.			
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump			
	:			
Seismic Survey Other (describe				
If drilling is not related to water well construction, skip the remainder of this block				
$\boldsymbol{\lambda}$				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:				
ro g : W d l gg l i' W l Od o (doorde)				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 7-28-08				
Static water Level				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 100 feet Casing diameter: 4 inches Type of casing: 0VC				
Screen length: 40 feet Screen diameter: 4 inches Type of screen: pvc				
Screen slot size:				
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tel	lesconed or more than one screen describe on next nace			
TOP OF TAP PIPE OF TEURCHOIL III CASING.	teneuren ai inai e minit ante nei een, menei toe an ment buse			
1 111				

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

The sketch below only required for water well

If well telescopes, show depths on sketch.

Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Γo (depth)
topso.1		a
Class	7	10
sond + gravel	10	140
J	Ţ	
•		
		1
		1
12.4. Maria 1.1. Maria		

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) a north arrow.	and the property and the men,		
Landowner Name: Jones Concrete			
Landowner Name: Olives Collins			
	Form: OLWR-SWR-1A (04/08)		

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Print Name of Responsible Licensee and License No.

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BY: OLWR

STATE WELL REPORT Part 2 Forrest County: For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit # Aquifer: Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 Well #: Date completed: _ (601)961-5210 Elevation: (601)961-5228 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name:__ Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey_ Hand-held GPS Survey-grade GPS Distance Direction Telephone No. (**Pump Type Power Type** Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas **Bucket** Piston Electric Motor Turbine Hand Tractor PTO Centrifugal Flowing Well Other (specify): Rotary Windmill Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Feet Below Land Surface Other (specify): Pumping Water Level (B): 100 _Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: _ Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours of pumping

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

TAMES Wells 0-586

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWETE (04/08)

AUG 2 5 2008

BY: OLWR