

### 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: Forest  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 4-20-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B167  
 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>Dollar General Stores</u>	Latitude: <u>31-22-24</u> Longitude: <u>89-19-11</u>
Mailing Address: <u>2168 Evelyn Gandy Pkwy</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hattiesburg MS 39401</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 29 Twn 5N Rng 13W</u>
Telephone No. <u>(601) 296-0802</u>	Distance Direction Nearest Town
	<u>1 Miles N of Hattiesburg</u>

**Well Data**

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

Date well drilling started: 4-19-12 Date well drilling completed: 4-20-12

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

Static Water Level: 42' feet above of below (circle one) land surface Date measured: 4-20-12

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

Hole depth: 86' Well depth: 86' Well grouted to a depth of 30' feet

Type of grout (circle one): Cement Beatonite Mix

Casing length: 66' feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 66' feet to 86' 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.

David A. West 0-672  
 Print Name of Water Well Contractor and License No.

David A. West  
 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)354-6938 (fax)

**For Office Use Only:**  
 Approver: \_\_\_\_\_  
 Well #: B167  
 Elevation: \_\_\_\_\_

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: \_\_\_\_\_

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>Dollar General Store</u>	Latitude: <u>31°22'</u> Longitude: <u>89°19'</u>
Mailing Address: <u>2168 Evelyn Candy Pkwy</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hattiesburg MS 39401</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NE 1/4 Sec 29 Twn 5N Rng 13W</u>
Telephone No. <u>(601) 296-0802</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1 Miles N of Hattiesburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-20-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

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

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

David A West 0672  
 Print Name of Pump Installer and License No. (if applicable)

David A West  
 Signature of Pump Installer