

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)

For Office Use Only:

Aquifer: _____
 Well #: C-80 035
 L. S. Elevation: _____
 E-log #: _____

County: Forrest
 Permit #: _____
 Driller: John V. Thompson
 Date drilling completed: 8-30-04

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>Chris Mangum</u>	Latitude: <u>20° 80'</u>	Longitude: <u>89° 12'</u>	Method of Lat/Long (circle one): Conventional Survey.			
Mailing Address: <u>Trailwood West</u>	USGS quad, Hand-held GPS, Survey-grade GPS		SW ¼ SE ¼ Sec <u>33</u> Twn <u>5N</u> Rng <u>12W</u>			
<u>Petal MS</u>	City	State	Zip Code	Distance	Direction	Nearest Town
Telephone No () _____				<u>3</u> Miles	<u>E</u>	of <u>Petal</u>

Well Data

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

Date well drilling started: 8-30-04 Date well drilling completed: 8-30-04

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

Static Water Level: 77 feet above or below (circle one) land surface Date measured: 8-30-04

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

Hole depth: 180 Well depth: 180 Well grouted to a depth of 15

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 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): _____

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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 V. Thompson 0-0679 John V. Thompson
 Print Name of Water Well Contractor and License No. 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)

County: Forrest
Permit #: _____
Driller: John W. Thompson
Date completed: 8-30-04

For Office Use Only:

Aquifer: _____
Well #: C-80
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>Chris Mangum</u>	Latitude: <u>20° 80'</u> Longitude: <u>89° 12'</u>
Mailing Address: <u>Trailwood Vest</u> <u>Petal MS</u>	Method of Lat/Long (circle one): Conventional Survey
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>37</u> Twn <u>5N</u> Rng <u>12W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>E</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>9-7-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-7-04</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>77</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>122</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	<u>45</u> feet after <u>4</u> 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.

John W. Thompson 0-0679
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
Signature of Pump Installer