

# 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-89  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forest  
Permit #: \_\_\_\_\_  
Driller: MSH  
Date drilling completed: 7-07-06

**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>Petal High School</u>	Latitude: <u>31° 21' 11"</u> Longitude: <u>89° 12' 06"</u>
Mailing Address: <u>1145 Hwy 42</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Petal</u> <u>MS</u> <u>39465</u>	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>TSN</u> Rng <u>R12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1.5</u> Miles <u>N</u> of <u>Petal</u>

**Well Data**

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

Date well drilling started: 7-07-06 Date well drilling completed: 7-07-06

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

Static Water Level: 109 feet above or below (circle one) land surface Date measured: 7-10-06

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

Hole depth: 165 Well depth: 165 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC 540

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

Screen slot size: .012 inches Setting depth: From 145 feet to 165 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

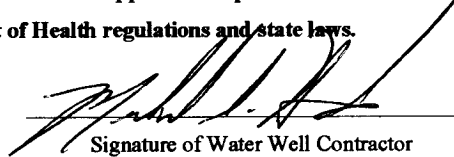
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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.

Michael S. Howard 0-693  
Print Name of Water Well Contractor and License No.

  
Signature of Water Well Contractor

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C-89

If well telescopes please sketch below and show depths.

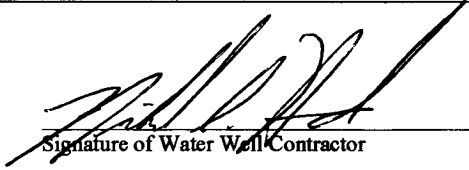
Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
Top Sand	0	10
Clay	10	15
Sand (fine-mrd)	15	45
Clay	45	48
Sand (fine-mrd)	48	60
Clay	60	65
Sand (fine-mrd)	65	95
Sand (med)	95	82
Clay	82	128
Sand (med)	128	145
Sand (med-coarse)	145	165

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) indicate direction.

Landowner Name: Petal High School

  
Signature of Water Well Contractor

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# 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: Forest  
 Permit #: \_\_\_\_\_  
 Driller: MSH  
 Date completed: 7-10-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-89  
 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>Petal High School</u>	Latitude: <u>N31° 21.11</u> Longitude: <u>W89° 12.06</u>
Mailing Address: <u>1145 Hwy 42</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Petal</u> <u>MS</u> <u>39465</u> City State Zip Code	¼ _____ ¼ Sec <u>33</u> Twn <u>T5N</u> Rng <u>R12W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>1.5</u> Miles <u>N</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>7-10-06</u>	Setting Depth: <u>145</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-10-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>109</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>30</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Michael S. Harsad 0-693  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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 SEP 07 2006  
 BY OLWR