

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-90
L. S. Elevation: _____
E-log #: _____

County: FORREST
Permit #: _____
Driller: J.P. THOMPSON
J.D. JONES
Date drilling completed: 9-20

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>HOWARDS AUTO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1727 HIWAY 42</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PETAL MS 39465</u> City State Zip Code	<u>1/4 1/4 Sec 36 Twn 5N Rng 12W</u>
Telephone No. <u>(601) 544-4321</u>	Distance Direction Nearest Town <u>5 Miles E of PETAL</u>

Well Data

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

Date well drilling started: 9-20-06 Date well drilling completed: 9-20-06

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 9-20-06

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

Hole depth: 163 Well depth: 160 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 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 140 feet to 160 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.

THOMPSON BROTHERS DRILLING INC.

Print Name of Water Well Contractor and License No. 0-624

J.P. Thompson
Signature of Water Well Contractor

RECEIVED

OCT 13 2006

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 #: J.P. THOMPSON
 Driller: J.D. JONES
 Date completed: 9-21-06

For Office Use Only:

Aquifer: _____
 Well #: C-90
 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>HOWARDS AUTO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1727 HIWAY 42</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PETAL MS. 39465</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>5N</u> Rng <u>12 W</u>
Telephone No. <u>(601)544-4321</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>E</u> of <u>PETAL</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>120</u> feet Number of Stages: _____
Date Pump Installed: <u>9-21-06</u>	
Rated Pump Capacity: <u>19</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-21-06</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>WELL SOUNDER</u>
Static Water Level (A): <u>68</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>91</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	<u>23</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>28</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

J.P. THOMPSON
J.D. JONES 0-624
 Print Name of Pump Installer and License No. (if applicable)

J.P. Thompson
 Signature of Pump Installer

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 OCT 13 2006
 BY: OLWR