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: Forrest
Permit #:
Driller: JAMES WELLS
Date drilling completed: 11-6-06

For Office Use Only:
Aquifer:
Well #: C-91
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

Owner Name: Benjamin Thornton
Mailing Address: 94 Jeff Coats Rd
Petal MS 39465
City State Zip Code
Telephone No. 601 583-2022

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 10 Twn 5N Rng 12W
Distance 6 Miles Direction north of Nearest Town Petal MS 39465

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 11-6-06 Date well drilling completed: 11-6-06
If flowing, method of flow regulation: Valve ___ Other (describe)
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 11-6-06
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 380 Well depth: 380 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 360 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 360 feet to 380 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):

RECEIVED
DEC 11 2006
BY: OLWR

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.

JAMES WELLS 0-586
Print Name of Water Well Contractor and License No.

James Wells
Signature of Water Well Contractor

C-91

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	0	10
Sand	10	65
Clay	65	260
Sand	260	380

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.

RECEIVED
DEC 11 2006
BY: OLWR

Landowner Name: Benjamin Thornton

James Wells
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: JAMES WELLS
Date completed: 11-6-06

For Office Use Only:
Aquifer:
Well #: C-91
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

Owner Name: Benjamin Thornton
Mailing Address: 94 Jeff Coats Rd
Petal MS 39465
City State Zip Code
Telephone No. (606 583-2022

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec 10 Twn 5N Rng 13W
Distance 6 Miles Direction North of Nearest Town Petal MS

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 11-06-06
Rated Pump Capacity: 25 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1½
Setting Depth: 200 feet
Number of Stages: 11

RECEIVED
DEC 11 2006
BY: OLWR

Pump Test Data

Date Well Tested: 11-06-06
Static Water Level (A): 140 Feet Below Land Surface
Pumping Water Level (B): 200 Feet Below Land Surface
Drawdown [(B) – (A)]: 140 Feet Below Land Surface
Test Pumping Rate: 25 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded 25 GPM with a drawdown of 140 feet after 4 hours of pumping

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

JAMES WELLS 0-586
Print Name of Pump Installer and License No. (if applicable)

James Wells
Signature of Pump Installer