

Well # 1

State Well Report Part 1

County: Forrest
 Permit #: _____
 Driller: CAIN
 Date drilling completed: 8-12-2010

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 (TAX)
 601-360-0535

For Office Use Only:
 Aquifer: C99
 Well #: _____
 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>RD Mobil Home Park</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>581 Herrington Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Petal</u> <u>MS</u> <u>39465</u> City State Zip Code	<u>N 1/4 E 1/4 Sec 5N Twn 5N Rng 12W</u>
Telephone No. <u>(601) 788-9641</u>	Distance <u>1</u> Miles <u>North</u> Direction of <u>Petal MS</u> Nearest Town

Well Data

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

Date well drilling started: 8-9-2010 Date well drilling completed: 8-12-2010

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

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 8-12-2010

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

Hole depth: 200' Well depth: 200' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 180 feet to 200 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: 180 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.

Ms Water Well Drilling & Service
 Print Name of Water Well Contractor and License No. 0-314

Nelson Cason
 Signature of Water Well Contractor

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 SEP 03 2010
 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)

For Office Use Only:

Aquifer: C99
 Well #: _____
 Elevation: _____

County: Forrest
 Permit #: _____
 Driller: CAIN
 Date completed: 8-12-2010

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>RD Mobil Home Park</u>	Latitude: <u>31 23 17</u> Longitude: <u>89 12 02</u>
Mailing Address: <u>581 Harrington Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Petal</u> <u>MS</u> <u>39465</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4</u> Sec <u>21</u> Twn <u>3N</u> Rng <u>12W</u>
Telephone No. <u>(601) 788-9641</u>	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Petal MS</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>8-12-2010</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-12-2010</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
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.

Ms Water Well Drilling + Service Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) 0-374 Signature of Pump Installer

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SEP 03 2010

BY: OIWR

#1 Well