

# 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 #: D-151  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forrest  
Permit #: \_\_\_\_\_  
Driller: Michael S. Havard  
Date drilling completed: 04-02-06

**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>M+C Contractors</u>	Latitude: <u>31° 17' 13"</u> Longitude: <u>89° 15' 26"</u>
Mailing Address: <u>P.O. Box 1224</u>	Method of Lat/Long (circle one): Conventional Survey, <u>08</u> <u>52</u>
<u>Petal</u> <u>MS</u> <u>39465</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>25</u> Twn <u>TYW</u> Rng <u>R13W</u>
Telephone No. <u>(601) 450-1673</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>NW</u> of <u>Hattiesburg Airport</u>

**Well Data**

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

Date well drilling started: 04-01-06 Date well drilling completed: 04-02-06

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 04-02-06

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC 540

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

Screen slot size: .012 inches Setting depth: From 120 feet to 140 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. Havard 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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D-151

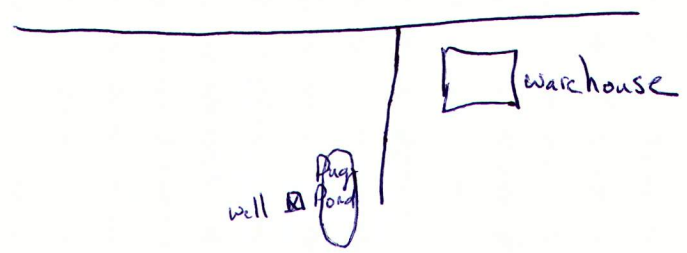
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Gravel	0	6
Sand (med)	6	26
Gravel	26	32
Clays	32	75
Silt	75	86
Sand (med-coarse)	86	140

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: M+C Contractors (06040)

[Handwritten Signature]  
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: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Howard  
 Date completed: 04-02-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-151  
 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>M+C Contractors (04040)</u>	Latitude: <u>N31°17.13</u> Longitude: <u>W89°15.84</u>
Mailing Address: <u>P.O. Box 1226</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Petal</u> MS <u>39465</u>	1/4 _____ 1/4 Sec <u>25</u> Twn <u>14N</u> Rng <u>R13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>450-1674</u>	<u>1/2</u> Miles <u>NW</u> of <u>Hattiesburg Airport</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>7.5 HP</u>
Date Pump Installed: <u>04-03-06</u>	Setting Depth: <u>126 feet</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>04-02-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>29</u> Feet Below Land Surface	Well yielded <u>150</u> GPM with a drawdown of
Test Pumping Rate: <u>150</u> Gallons Per Minute	<u>29</u> feet after <u>25</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

Michael S. Howard 0-673 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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