

0180008

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D157  
L. S. Elevation: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: FORREST  
Permit #: MS-GW-16646  
Driller: LAYNE-CENTRAL  
Date drilling completed: 5/18/09

**Well Driller Report and Well Log**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P. O. Box 2309  
Jackson, MS 39225-2309  
(601) 961-5210  
(601) 354-6938 (fax)

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>CITY OF HATTIESBURG</u>	Latitude: <u>31-18-56</u> N <u>31.3157</u> Longitude: <u>89-16-53</u> W <u>89.2815</u>
Mailing Address: <u>PO BOX 1898</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>HATTIESBURG</u> <u>MS</u> <u>39403</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-Held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
City State Zip Code	NE <u>1/4</u> NE <u>1/4</u> Sec <u>15</u> Twn <u>4N</u> Rng <u>13W</u>
Telephone No. ( <u>601</u> ) <u>545-4501</u>	Distance _____ Miles Direction _____ of <u>HATTIESBURG</u>

**Well / Borehole Data**

Date drilling started: 4/21/09 Date well drilling completed: 5/18/09 Hole Depth: 665' Hole diameter: 24"

Location of the source of any surface water used for drilling: EXISTING WELL

Method of dosing and volume of Chlorine used in drilling and development: 50 POUNDS INTRODUCED WITH GRAVEL PACK

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): LAYNE-CENTRAL, PENSACOLA, MS

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block.*

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: --

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

Static Water Level: 98 feet  above or below (circle one) land surface Date measured: 5/18/09

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

Well depth: 665' Well grouted to a depth of: 600' Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 600 feet Casing diameter: 16 inches Type of casing: CARBON STEEL

Screen length: 60 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 605 feet to 665 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: 520 feet. *If telescoped or more than one screen, describe on next page.*

*Replaces GW 16588 that replaced GW 3240 well 2, P2*

Form: OLWR-SWR-1A

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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 2309  
Jackson, MS 39225-2309  
(601) 961-5210  
(601) 354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: 0157  
Elevation: \_\_\_\_\_

County: FORREST  
Permit #: MS-GW-16646  
Driller: LAYNE-CENTRAL  
Date Completed: 5/18/09

*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name <u>CITY OF HATTIESBURG</u>	Latitude: <u>N 31.3157</u> Longitude: <u>W 89.2815</u>
Mailing Address: <u>PO BOX 1898</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HATTIESBURG MS 39403</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ _____ ¼ _____ Sec <u>15</u> T <u>4N</u> R <u>13W</u>
Telephone No. ( <u>601</u> ) <u>545.4501</u>	Distance _____ Direction _____ Nearest Town <u>HATTIESBURG</u>
	_____ Miles _____ of _____

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>10/15/09</u>	Setting Depth: <u>255</u> feet
Rated Pump Capacity <u>1200-1500</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>12/31/09</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>124</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>186</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>62</u> Feet Below Land Surface	Well yielded <u>19</u> GPM with a drawdown of
Test Pumping Rate: <u>120.5</u> Gallons Per Minute	<u>62</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I hereby certify that the above statements are true to the best of my knowledge.

**DAVE COOK** 692  
Print Name of Pump Installer and License No. (if applicable)

*Dave Cook*  
Signature of Pump Installer

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MAY 21 2009

BY: OIWR