

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 #: E-69
L. S. Elevation: _____
E-log #: _____

County: Forrest
Permit #: _____
Driller: John V. Thompson
Date drilling completed: 8-9-05

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>Forrest County</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>641 Main St</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>P.O. Box 1310</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Hattiesburg MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>4N</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>2</u> Miles <u>SE</u> of <u>Petal</u>

Well Data

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

Date well drilling started: 8-8-05 Date well drilling completed: 8-9-05

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8-9-05

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

Hole depth: 235 Well depth: 230 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 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 210 feet to 230 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. RECEIVED
AUG 15 2005
BY: OLWR

John V. Thompson 0-0679 John V. Thompson
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

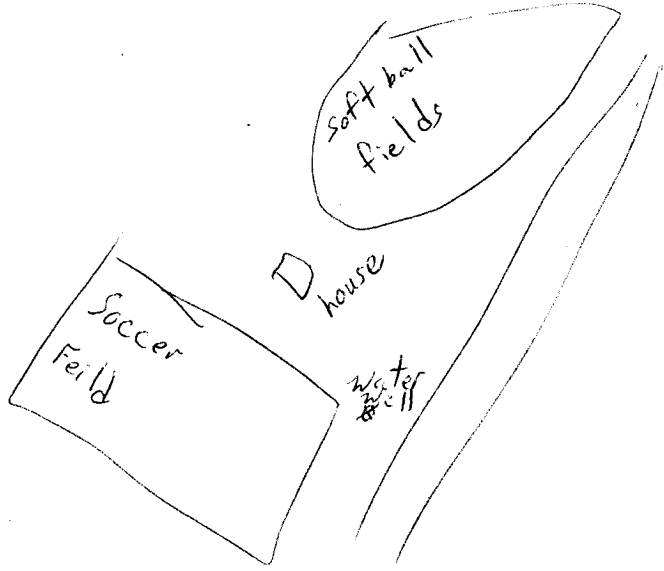
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	80
sand & gravel	80	120
clay	120	160
sand & gravel	160	230
clay	230	235

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: Forrest Co.

[Handwritten Signature]

 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)

For Office Use Only:

Aquifer: _____

Well #: E-69

Elevation: _____

County: Forrest
 Permit #: _____
 Driller: John W Thompson
 Date completed: 8-9-05

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>Forrest County</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>641 Main St</u> <u>P.O. Box 1310</u> <u>Hattiesburg MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>4N</u> Rng <u>12W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-12-05</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-9-05</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): <u>130</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface Test Pumping Rate: <u>40</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>40</u> GPM with a drawdown of <u>40</u> feet after <u>4</u> hours of pumping

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

John W. Thompson 00679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer
 AUG 15 2005
 RECEIVED BY: OLWB