

# 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-70  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Forrest  
Permit #: \_\_\_\_\_  
Driller: Thompson Brothers  
Date drilling completed: 4/21/06

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>Lee Everett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>420 DAVIS Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Petal MS 39465</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>4N</u> Rng <u>12W</u>
Telephone No. <u>(601) 270-8993</u>	Distance Direction Nearest Town <u>1</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: 4/28/06 Date well drilling completed: 4/21/06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 46 feet above or below (circle one) land surface Date measured: 4/29/06  
Method of Measurement (circle one) steel tape electric tape air line other: well sounder  
Hole depth: 184' Well depth: 180' Well grouted to a depth of 20 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 160 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: 0.010 inches Setting depth: From 160 feet to 180 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.

J.P. THOMPSON 0-624  
Print Name of Water Well Contractor and License No.

J.P. Thompson  
Signature of Water Well Contractor

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JUN 29 2006  
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)

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 6/29/06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-70  
 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>Zee Everett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>420 DAVIS Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Petal</u> <u>MS</u> <u>39465</u>	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>4N</u> Rng <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 270 8993</u>	<u>1</u> Miles <u>SE</u> of <u>Petal</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>19</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/29/06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>well sonder</u>
Static Water Level (A): <u>46</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>77</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>31</u> Feet Below Land Surface	<u>31</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>7100</u> Gallons Per Minute	
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.

J.P. THOMPSON 0-624      J.P. Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 JUN 29 2006  
 BY: OLWR