

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: E80
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: FORREST
 Permit #: _____
 Driller: CAIN
 Date drilling completed: 3/1/2011

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>ROBERT R. CUMMINGS</u>	Latitude: <u>31°20'02"</u> Longitude: <u>89°13'37"</u>
Mailing Address: <u>1319 HARDY ST.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>HATTIESBURG MS 39401</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S</u> <u>W</u> <u>5</u> <u>4/N</u> <u>12/W</u>
Telephone No. () <u>601 544 - 7552</u>	¼ Sec. Twn Rng.
	Distance Direction Nearest Town
	<u>1</u> Miles <u>SOUTH</u> of <u>PETAL MS</u>

Well Data

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

Date well drilling started: 2/28/2011 Date well drilling completed: 3/1/2011

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3/1/2011

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: # 12 inches Setting depth: From 100 feet to 110 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.

MS WATER WELL DRILLING 0-374
 Print Name of Water Well Contractor and License No. Nelson Cain
 Signature of Water Well Contractor

RECEIVED
 APR 2 2011
 BY: OLWH

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 #: _____
 Elevation: _____

County: FORREST
 Permit #: _____
 Driller: CAIN
 Date completed: 3/1/2011

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>ROBERT R. CUMMINGS</u>	Latitude: <u>31° 20' 02"</u> Longitude: <u>89° 13' 37"</u>
Mailing Address: <u>1319 HARDY ST.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>HATTIESBURG MS 39401</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S</u> ¼ <u>W</u> ¼ Sec <u>5</u> Twp <u>4/N</u> Rng <u>12/W</u>
Telephone No. (<u>601</u>) <u>544 - 7552</u>	Distance Direction Nearest Town <u>1</u> Miles <u>SOUTH</u> of <u>PETAL MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift (Jet) Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	(Electric Motor) Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____ <u>1</u>
Date Pump Installed: <u>3/1/2011</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/1/2011</u>	Air Line Electric Measuring Line (Steel Tape)
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	_____ 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 0-374

Print Name of Pump Installer and License No. (if applicable) _____

Nelson Cain
 Signature of Pump Installer

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 APR 12 2011
 BY: OLWR