

County: Forrest
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 12-4-12

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E81
 L. S. Elevation: _____
 E-log #: _____

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>Patricia Bell</u>	Latitude: <u>31°20.500</u> Longitude: <u>089°10.826</u>
Mailing Address: <u>1019 Sunrise Rd.</u>	Method of Lat/Long (circle one): <u>30</u> Conventional Survey, <u>50</u>
<u>Petal</u> MS <u>39465</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>3</u> Twn <u>4N</u> Rng <u>12W</u>
Telephone No. <u>(601) 818-5587</u>	Distance Direction Nearest Town <u>0</u> Miles <u>E</u> of <u>Petal</u>

Well / Borehole Data

Date drilling started: 12-4-12 Date drilling completed: 12-4-12 Hole depth: 125 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: Community

Method of dosing and volume of Chlorine used in drilling and development: Shock

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

Name of organization running log(s): _____

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-4-12

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E81

Elevation: _____

County: Forrest

Permit #: _____

Driller: JAMES WELLS

Date completed: 12-4-12

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

Owner Name: Patricia Bell

Mailing Address: 1019 Sunrise Rd.

Petal MS 39465
City State Zip Code

Telephone No. (601) 818-5587

Well Location

Latitude: 31° 20.502 Longitude: 089° 10.826

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 3 Twn 4N Rng 12W

Distance Direction Nearest Town

0 Miles E of Petal

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 12-4-12

Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 100 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 12-4-12

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 67 Feet Below Land Surface

Test Pumping Rate: 17 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 17 GPM with a drawdown of

7 feet after 4 hours of pumping

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

JAMES WELLS 0-586
Print Name of Pump Installer and License No. (if applicable)

James Wells
Signature of Pump Installer

RECEIVED

JAN 14 2013

BY: OLWR