

State Well Report

Part I

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 #: **F-73**
I. S. Elevation:
Logging #:

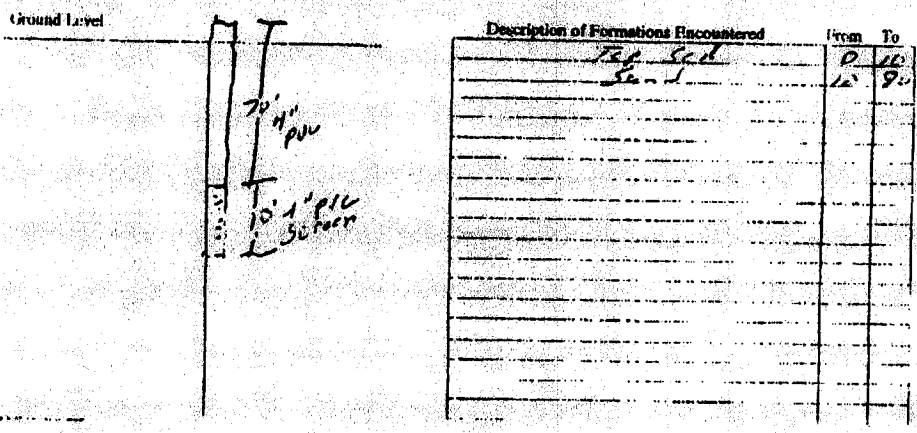
County: **Forrest**
Permit #: _____
Driller: **Cain**
Date drilling completed: **9-19-08**

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: Furt Kellen Interpersonal	Latitude: _____	Longitude: _____	
Mailing Address: 1 Sailfish Circle	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
Hattahucy, MS 39409	S 1/4 E 1/4 Sec 25 Twn 3N Rng 13W		
City: _____ State: _____ Zip Code: _____	Distance: _____	Direction: _____	Nearest Town: _____
Telephone No: (601) 519-1144	5 Miles South of Hattahucy MS		
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: 9-12-08		Date well drilling completed: 9-19-08	
If flowing, method of flow regulation: <input type="radio"/> Valve <input type="radio"/> Other (describe): _____			
Static Water Level: 35' feet above or below (circle one) land surface		Date measured: 9-18-08	
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: Electric			
Hole depth: 90'	Well depth: 80'	Well grouted to a depth of 10' feet	
Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: 20' feet	Casing diameter: 4" inches	Type of casing: PVC	
Screen length: 10' feet	Screen diameter: 4" inches	Type of screen: PVC	
Screen slot size: #16 inches Setting depth: From 20' feet to 80' feet			
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.			
Print Name of Water Well Contractor and License No: Mr. Walter Will Drilling 00374		Signature of Water Well Contractor: Nelson Cain	

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F-73



STATE WELL REPORT
Part 2

County: Fulton
Permit #: _____
Driller: C. Lewis
Date completed: 9-12-08

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39285-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer: _____
Well #: _____
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.

<p>Well Owner Information</p> <p>Owner Name: <u>Eric L. Fisher</u> <u>Fisher Enterprises</u></p> <p>Mailing Address: <u>1 S.W. Fish Circle</u> <u>Hattiesburg, Ms 39404</u> City State Zip Code</p> <p>Telephone No. <u>(601)-818-1174</u></p>	<p>Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____</p> <p><u>S 4 E 14 Sec 25 Twn 3N Rng 12W</u></p> <p>Distance: _____ Direction: <u>5 Miles South of Hattiesburg, Ms</u> Nearest Town: _____</p>
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<p>Pump Type Circle one</p> <p>Air Lift: _____ Jet: <u>Submersible</u></p> <p>Bucket: _____ Plunger: _____ Turbine: _____</p> <p>Centrifugal: _____ Rotary: _____ Flowing Well: _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>9-12-08</u></p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____</p> <p>Electric Motor: _____ Hand: _____ Tractor PTO: _____</p> <p>Windmill: _____ Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Setting Depth: <u>75'</u> feet</p> <p>Number of Stages: <u>6</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>9-12-08</u></p> <p>Static Water Level (A): <u>25</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>60</u> Feet Below Land Surface</p> <p>Drawdown ((B) - A): <u>25</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>15</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____</p> <p>Other (specify): <u>Survey</u></p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>15</u> GPM with a drawdown of <u>25</u> feet after <u>4</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statistics are true to the best of my knowledge.
Miss Water Well Drilling Co-371
 Print Name of Pump Installer and License No. (if applicable) C. Lewis
 Signature of Pump Installer

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SEP 22 2008
BY: OLWR