

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)

County: Forrest
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 2-4-08

For Office Use Only:
 Aquifer: _____
 Well #: L-59
 L. S. Elevation: _____
 E-log #: _____

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>Moon-Hines-Tiggret</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 3276</u> <u>Ridgeland MS 39158</u>	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
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>15</u> Rng <u>12W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>N</u> of <u>Wiggins</u>

Well Data

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

Date well drilling started: 2-4-08 Date well drilling completed: 2-4-08

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 2-4-08

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

Hole depth: 123 Well depth: 110 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 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: .020 inches Setting depth: From 90 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.

John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

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FEB 14 2008
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 #: L-59

Elevation: _____

County: Forrest
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 2-4-08

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>Moan Hines Tiggret</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 3216</u> <u>Ridgeland MS 39158</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>15</u> Rng <u>12W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>N</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>2-4-08</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>80</u> feet Number of Stages: _____
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-4-08</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>38</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>18</u> 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.

John W. Thompson 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer

RECEIVED

FEB 14 2008

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 10871
 Jackson, MS 39288-0871
 (601) 981-2310
 (601) 324-6238 (fax)

Date completed: _____
 Installer: _____
 Permit #: _____
 County: _____

Well No.: _____
 Location: _____
 Appointee: _____
 For Office Use Only:

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: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone No. () _____</p>	<p>Well Location</p> <p>Latitude: _____ Longitude: _____ Method of Location (circle one): Conventional Survey UFGS quad, Hand-held GPS, Survey-grade GPS N _____ N Sec _____ Twp _____ Rng _____ Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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<p>Pump Type</p> <p>Circle one Submersible _____ Turbine _____ Flowing Well _____ Other (specify): _____</p> <p>Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Power Type</p> <p>Circle one Diesel Engine _____ Gasoline Engine _____ Electric Motor _____ Windmill _____ Other (specify): _____</p> <p>Stator Power Rating of Motor: _____ Sizing Depth: _____ feet Number of Stages: _____</p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (E): _____ Feet Below Land Surface Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Circle one Air Line _____ Electric Measuring Line _____ Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

 Signature of Pump Installer

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