

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 #: K-65
L. S. Elevation: _____
B-log #: _____

County: Carington Co.
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 7/28/08

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: <u>Terry Wayne McDaniel</u>	Latitude: <u>31° 33' 19"</u> Longitude: <u>89° 31' 46"</u>
Mailing Address: <u>1393 Seminary McComb, MS</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Seminary MS 39479</u>	USGS quad: <u>NE 1/4 SW 1/4 Sec 20 Twn 7N Rng 15W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1</u> Miles Direction: <u>W</u> of Nearest Town: <u>Seminary</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 7/28/08 Date well drilling completed: 7/28/08
If flowing, method of flow regulation: Valve _____ Other (describe): _____
Static Water Level: 54' feet above or below (circle one) land surface Date measured: 7/28/08
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 94' Well depth: 94' Well grouted to a depth of 10' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 84' feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 100 inches Setting depth: From 84' feet to 94' 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.

AL HARRINGTON #0-564

Print Name of Water Well Contractor and License No.

AL Harrington

Signature of Water Well Contractor

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AUG 25 2008

BY: OLWR

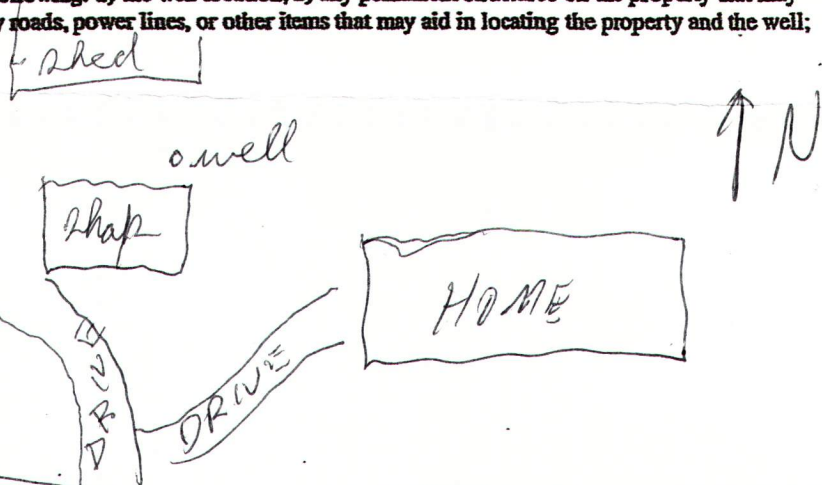
K-65

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[illegible]

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Seminary Mike Canner Pa

Landowner Name:

Terry Wayne McDaniel


Signature of Water Well Contractor

RECEIVED
AUG 25 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 #: K-65

Elevation: _____

County: Cornington

Permit #: _____

Driller: AL HARRINGTON

Date completed: 7/28/08

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

Owner Name: Terry Wayne McDaniel

Mailing Address: 1397 Seminary /

Mike Corner Rd.

Seminary, MS 39479

City

State

Zip Code

Telephone No. () _____

Well Location

Latitude: 31°37'19" Longitude: -89°31'46"

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

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

NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 20 Twn 7N Rng 15W

Distance

Direction

Nearest Town

1 Miles W of Seminary

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 7/28/08

Rated Pump Capacity: 28 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: 2HP

Setting Depth: 81' feet

Number of Stages: 286PM Pump End

Pump Test Data

Date Well Tested: 7/28/08

Static Water Level (A): 54' Feet Below Land Surface

Pumping Water Level (B): 221' 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

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 _____ GPM with a drawdown of

_____ feet after _____ hours of pumping

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

AL HARRINGTON #0-564

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

Al Harrington

Signature of Pump Installer

RECEIVED

AUG 25 2008

BY: OLWR