

COVINGTON

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 #: M-64
L. S. Elevation: _____
E-log #: _____

County: ~~LATAPE~~
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 10/28/06

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>Sam Pittman</u>	Latitude: <u>31° 26' 11.1"</u> Longitude: <u>-89° 33' 27.7"</u>
Mailing Address: <u>29 Richmond Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>28</u>
<u>Sumner</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Sumner MS 39482</u>	<u>SE 1/4 SW 1/4 Sec 36 Twn 6N Rng 16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1.5</u> Miles <u>N</u> of <u>Sumner MS</u>

Well Data

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

Date well drilling started: 10/28/06 Date well drilling completed: 10/28/06

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

Static Water Level: 46' feet above or below (circle one) land surface Date measured: 10/28/06

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

Hole depth: 88' Well depth: 88' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 78' feet to 88' 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

NOV 31 2006
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

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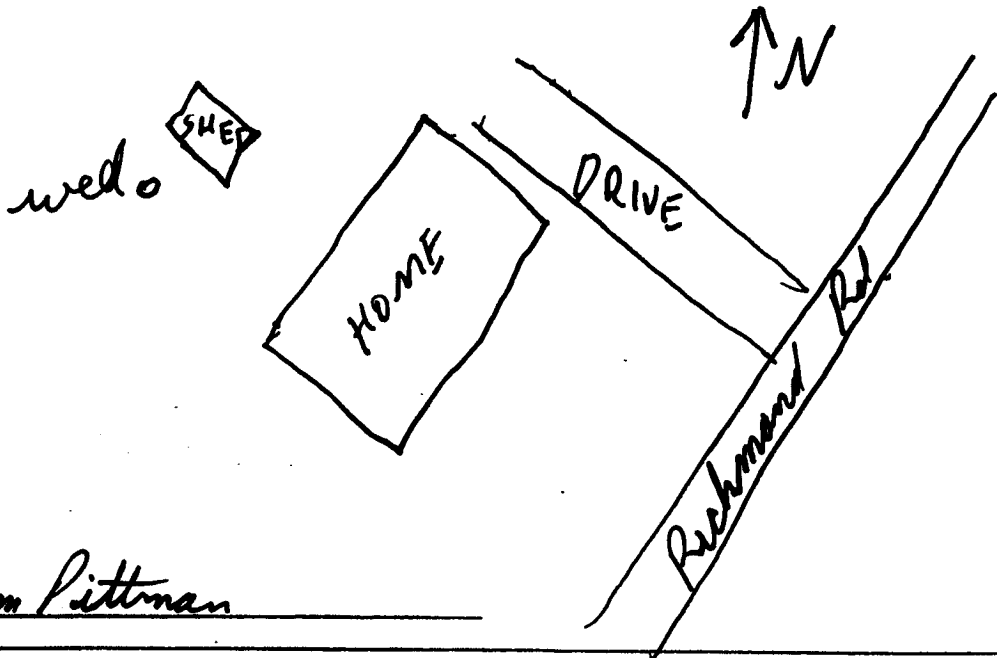
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Red clay	0	22'
fine red silty sand	22'	32'
med grain coarse	32'	78'
Coarse orange sand	78'	88'

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.



Landowner Name: Sam Pittman

W. Harrington
 Signature of Water Well Contractor

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COVINGTON

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 #: M-64

Elevation: _____

County: ~~FORR~~

Permit #: _____

Driller: AL HARRINGTON

Date completed: 10/28/06

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: Sam Pittman

Mailing Address: 29 Richmond Rd

Sumrall MS 39482
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31°26'11.1" Longitude: -89°33'27.7"
" " " " " "

Method of Lat/Long (circle one): Conventional Survey, 28

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

SE ¼ SW ¼ Sec. 36 Twn 6N Rng 16W

Distance Direction Nearest Town

1.5 Miles N of Sumrall

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 10/28/06

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: 1HP

Setting Depth: 66' feet

Number of Stages: 12 GPM Service Pump

Pump Test Data

Date Well Tested: 10/28/06

Static Water Level (A): 46' Feet Below Land Surface

Pumping Water Level (B): 766' 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

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NOV 30 2006
BY: OLWR