

COUNNINGTON

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-65
L. S. Elevation:
E-log #:

County: LAMAR
Permit #:
Driller: AL HARRINGTON
Date drilling completed: 10/31/06

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: Kevin Trigg, 289 Everett Drennon Rd, Sumrall MS 39482
Well Location: Latitude 31° 26' 17.1", Longitude -89° 33' 57.0"
Method of Lat/Long: Conventional Survey
USGS quad: Hand-held GPS
SW 1/4 NW 1/4 Sec. 36 Twn 6N Rng 16W
Distance: 1.75 Miles NW of SUMRALL

Well Data: Purpose of Well: Home
Date well drilling started: 10/31/06
Static Water Level: 68' feet above land surface
Method of Measurement: steel tape
Hole depth: 115' Well depth: 115'
Type of grout: Cement
Casing length: 105' feet Casing diameter: 4" inches
Screen length: 10' feet Screen diameter: 4" inches
Screen slot size: .008 inches
Type of completion: Natural Development

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.

Signature of Water Well Contractor

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NOV 30 2006
BY: OLWR

If well telescopes please sketch below and show depths.

M-65

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Red clay	0	10'
Red sand	10'	22'
white clay	22'	30'
med grain orange sand	30'	115'

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.

HOME

DRIVE

well

↑ N

Everett Drennan Rd.

Landowner Name: Kerim Trigg

W. Harrington
Signature of Water Well Contractor

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BY: OLWR

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-65

Elevation:

County: ~~LATA~~

Permit #:

Driller: AL HARRINGTON

Date completed: 10/31/06

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: Kevin Trigg
Mailing Address: 289 Everett Drennon

Dumwall MS 39482
City State Zip Code

Telephone No. ()

Well Location

Latitude: 31° 26' 17.1" Longitude: -89° 33' 57.0"
Method of Lat/Long (circle one): Conventional Survey, 17 57

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

SW 1/4 NW 1/4 Sec. 36 Twn 6N Rng 16W

Distance Direction Nearest Town

1.95 Miles NW of Dumwall

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify):

Date Pump Installed: 10/31/06

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: 90 feet

Number of Stages: 12 GPM Series Pump

Pump Test Data

Date Well Tested: 10/31/06
Static Water Level (A): 68' Feet Below Land Surface
Pumping Water Level (B): 790' 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)

Signature of Pump Installer RECEIVED

NOV 30 2006
BY: OLWR