

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: M 89
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Cornington
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 10/5/09

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>David Jamison</u>	Latitude: <u>31° 26' 52"</u> Longitude: <u>-89° 33' 26"</u>
Mailing Address: <u>Seminole Summit Rd</u> <u>Summit MS 39482</u> <u>Seminole MS 39479</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 36 Twn 6N Rng 16W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Summit</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 10/5/09 Date well drilling completed: 10/5/09

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

Static Water Level: 38' feet above or below (circle one) land surface Date measured: 10/5/09

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

Hole depth: 63' Well depth: 63' Well grouted to a depth of 10' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 53' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 1008 inches Setting depth: From 53' feet to 63' 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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OCT 20 2009
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: <u>M 89</u>	
Well #: _____	
Elevation: _____	


County: <u>Covington</u>
Permit #: _____
Driller: <u>AL HARRINGTON</u>
Date completed: <u>10/5/09</u>

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 style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>David Jamison</u></p> <p>Mailing Address: <u>Seminary Summit Rd</u> <u>Summit MS 39482</u> <u>Seminary MS 39479</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>31° 26' 52"</u> Longitude: <u>-89° 33' 26"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 36 Twn 6-N Rng 16-W</u></p> <p>Distance Direction Nearest Town <u>2.5 Miles NW of Summit</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u></p> <p>Bucket Piston <input type="radio"/> Turbine <input type="radio"/></p> <p>Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>10/5/09</u></p> <p>Rated Pump Capacity: <u>20</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/></p> <p><input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/></p> <p>Windmill <input type="radio"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1.5 HP</u></p> <p>Setting Depth: <u>60'</u> feet</p> <p>Number of Stages: _____</p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>10/5/09</u></p> <p>Static Water Level (A): <u>38'</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>760'</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>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.	
<u>AL HARRINGTON #0-564</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer

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OCT 20 2009
BY: OLWR

