

# 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: \_\_\_\_\_  
Well #: M-102  
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>Mike Palmer</u>	Latitude: <u>70° 59' 36.4"</u> Longitude: <u>-89° 14' 29.6"</u>
Mailing Address: <u>82 Newton Field Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wiggins MS 39577</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 1 Twn 15 Rng 13W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>EBST</u> of <u>Carver</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 8/23/06 Date well drilling completed: 8/23/06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 55' feet above or below (circle one) land surface Date measured: 8/23/06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 117' Well depth: 117' Well grouted to a depth of 10' feet  
Types of grout (circle one): Cement Bentonite Mix  
Casing length: 107' 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 107' feet to 117' 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.

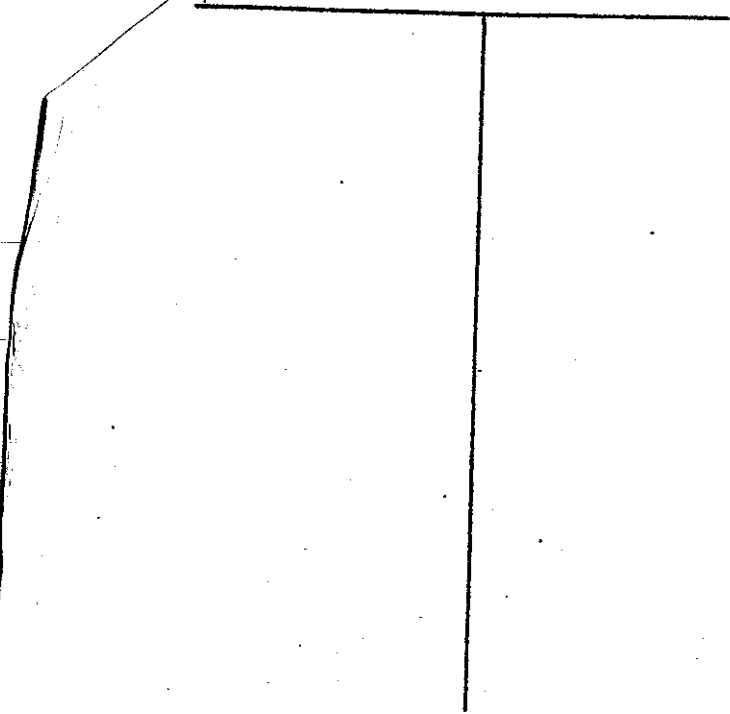
AL HARRINGTON #0-564  
Print Name of Water Well Contractor and License No.

AL Harrington  
Signature of Water Well Contractor

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telescopes please sketch below and show depths.

Ground Level

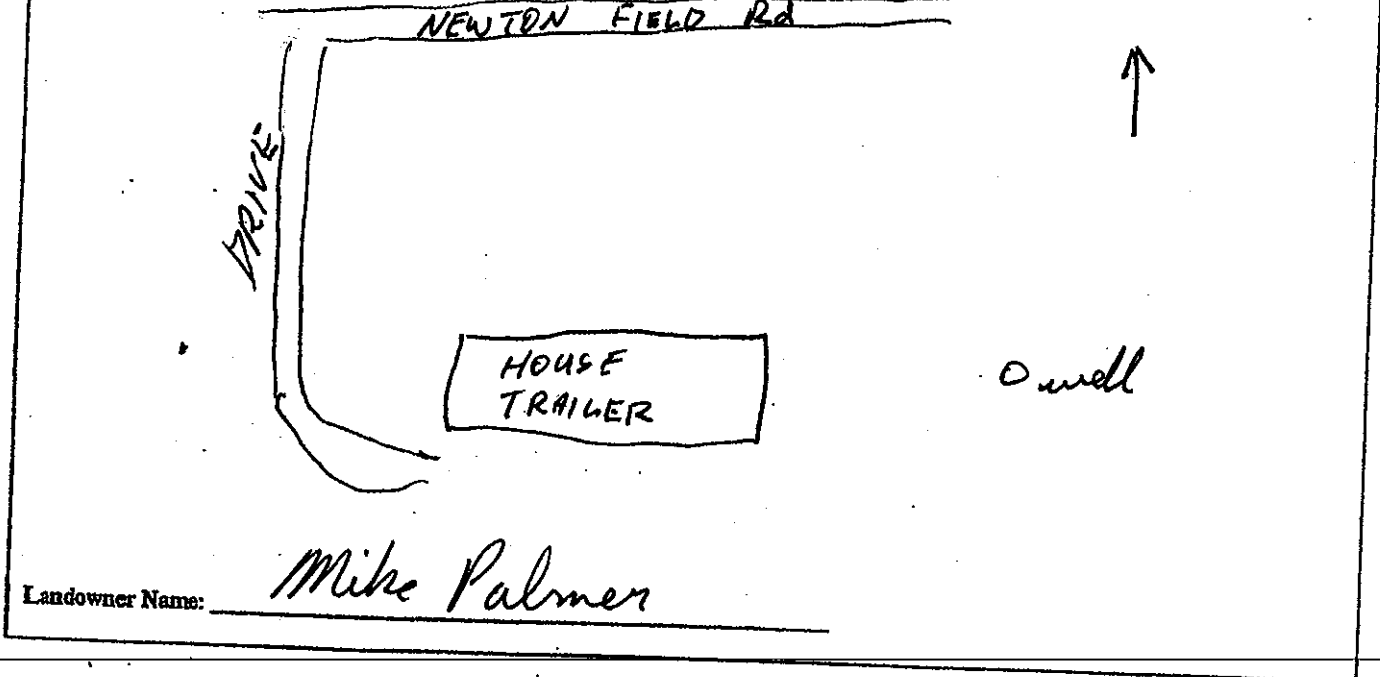


M-102

Description of Formations Encountered	From	To
Red Clay	0	12'
Red sandy clay	12'	20'
Red silty sand	20'	40'
Orange Red Sand	40'	67'
Tan Clay	67'	77'
Red sand	77'	117'

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: Mike Palmer

W. Harrington  
Signature of Water Well Contractor

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# 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-102

Elevation: \_\_\_\_\_

County: Fernest  
Permit #: \_\_\_\_\_  
Driller: AL HARRINGTON  
Date completed: 8/23/06

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	Well Location
Owner Name: <u>Mike Palmer</u>	Latitude: <u>30° 59' 36.4"</u> Longitude: <u>-89° 14' 29.1"</u>
Mailing Address: <u>82 Newton Field Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Wiggins MS 39577</u>	<u>NE 1/4 SE 1/4 Sec 1 Twn 19 Rng 13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>2</u> Miles <u>E</u> of <u>Carmers</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>8/23/06</u>	Setting Depth: <u>75'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/23/06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>55'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>775'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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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