

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-95
L. S. Elevation: _____
E-log #: _____

County: Forrest Co.
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 5/13/05

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>James Pierce</u>	Latitude: <u>N 30° 54' 43.9"</u> Longitude: <u>W 89° 19' 10.9"</u>
Mailing Address: <u>58 Roberts Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lumberton MS 39455</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 32 Twn 15 Rng 13W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>12 Miles SE of Lumberton</u>

Well Data

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

Date well drilling started: 5/13/05 Date well drilling completed: 5/13/05

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

Static Water Level: 45' feet above or below (circle one) land surface Date measured: 5/13/05

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

Hole depth: 98' Well depth: 98' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88' feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2" inches Type of screen: PVC Sawn

Screen slot size: .008 inches Setting depth: From 88' feet to 98' 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

If well telescopes please sketch below and show depths.

M-95

Ground Level

Large empty rectangular box for sketching well telescopes and depths.

Description of Formations Encountered	From	To
<i>Red clay</i>	0	15'
<i>red sand</i>	15'	21'
<i>red clay</i>	21'	30'
<i>fine red sand</i>	30'	35'
<i>med grain orange sand</i>	65'	75'

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.

HOUSE TRAILER



well

Roberts Rd

Landowner Name: _____

W. Harrington
Signature of Water Well Contractor

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-95

Elevation: _____

County: Forrest Co.
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 5/13/05

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>James Pierre</u>	Latitude: <u>N 30° 54' 43.9"</u> Longitude: <u>W 89° 19' 10.9"</u>
Mailing Address: <u>58 Roberts Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lumberton MS 39455</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 22 Twn 15 Rng 13W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>12 Miles SE of Lumberton</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet	Diesel Engine Gasoline Engine Natural Gas
Submersible	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Bucket Piston Turbine	Windmill Other (specify): _____
Centrifugal Rotary Flowing Well	Horse Power Rating of Motor: <u>1 HP</u>
Other (specify): _____	Setting Depth: <u>Jet at 60'</u> feet
Date Pump Installed: <u>5/13/05</u>	Number of Stages: <u>2 Stage 1HP jet</u>
Rated Pump Capacity: <u>11</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/13/05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>45'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>760'</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