

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 #: N-50
L. S. Elevation: _____
E-log #: _____

County: Forest
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 10/2/07

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>Pat Walker</u>	Latitude: <u>30° 57' 2"</u> Longitude: <u>-89° 12' 57"</u>
Mailing Address: <u>Kariba Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Stiggins MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 20 Twn 15 Rng 12 W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4.3 Miles SE of Corner</u>

Well Data

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

Date well drilling started: 10/2/07 Date well drilling completed: 10/2/07

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

Static Water Level: 38' feet above or below (circle one) land surface Date measured: 10/2/07

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

Hole depth: 76' Well depth: 76' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 66' feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 66' feet to 76' 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 AL Harrington
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Lawn	0	1'
Drainage clay	0	16'
Drainage	16'	56'
Rock (clay)	56'	60'
gravel / (fines)	60'	76'

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: Pat Walker.

Oliver 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 #: N-50

Elevation: _____

County: Forest

Permit #: _____

Driller: AL HARRINGTON

Date completed: 10/2/07

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>Pat Walker</u>	Latitude: <u>30° 57' 2"</u> Longitude: <u>89° 12' 57"</u>
Mailing Address: <u>Karlra Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wiggins MS</u>	USGS quad, <u>(Hand-held GPS)</u> / Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 20 Twn 15 Rng 12W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>4.5</u> Miles <u>SE</u> of <u>Carnes</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>10/2/07</u>	Setting Depth: <u>jet set at 50'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2 stage jet</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/2/07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>38'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>250'</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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