

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 #: E-262
 L. S. Elevation: _____
 E-log #: _____

County: Forest LAMAR
 Permit #: _____
 Driller: AL HARRINGTON
 Date drilling completed: 8/29/06

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 Owner Name: <u>Larry Johnson</u> Mailing Address: <u>Richburg Rd. #6</u> <u>Hattiesburg, MS 39402</u> City State Zip Code Telephone No. () _____		Well Location Latitude: <u>31° 16.295'</u> Longitude: <u>-89° 24.366'</u> Method of Lat/Long (circle one): Conventional Survey, <u>22</u> <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>NE 1/4 NW 1/4</u> Sec <u>33</u> Twn <u>14N</u> Rng <u>14W</u> Distance Direction Nearest Town <u>1.5</u> Miles <u>S</u> of <u>Oak Grove</u>	
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Well Data

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

Date well drilling started: 8/29/06 Date well drilling completed: 8/29/06

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

Static Water Level: 80' feet above or below (circle one) land surface Date measured: 8/29/06

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

Hole depth: 146' Well depth: 146' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 126' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1008" inches Setting depth: From 126' feet to 146' 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. Signature of Water Well Contractor

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 SEP 22 2006
 BY: OLWR

LAMAR

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 #: E-262

Elevation: _____

County: ~~Issaquah~~

Permit #: _____

Driller: AL HARRINGTON

Date completed: 8/29/06

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: Larry Johnson

Mailing Address: _____

Richburg Rd

Richburg MS 39402

City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31° 16.293 Longitude: -89° 24.366

Method of Lat/Long (circle one): Conventional Survey,

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

NE 1/4 NW 1/4 Sec. 33 Twn 4-N Rng 14W

Distance Direction Nearest Town

1.5 Miles S of Oak Grove

Pump Type

Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 8/29/06

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: 1 HP

Setting Depth: 140' feet

Number of Stages: 12 GPM SUB

Pump Test Data

Date Well Tested: 8/29/06

Static Water Level (A): 80' Feet Below Land Surface

Pumping Water Level (B): 7140' 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)

Al Harrington
Signature of Pump Installer