

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-293
L. S. Elevation: _____
E-log #: _____

County: LAMAR FOREST
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 4/17/09

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>Gene Carathers</u>	Latitude: <u>31° 19' 53"</u> Longitude: <u>-89° 22' 53"</u>
Mailing Address: <u>112 Sheffield Loop</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hattiesburg MS 39470</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4 Sec 11</u> Twn <u>4N</u> Rng <u>14W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles <u>West</u> of <u>Hattiesburg MS</u>

Well Data

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

Date well drilling started: 4/15/09 Date well drilling completed: 4/17/09

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

Static Water Level: 110' feet above or below (circle one) land surface Date measured: 4/17/09

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

Hole depth: 163' Well depth: 163' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 143' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 143' feet to 163' 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.

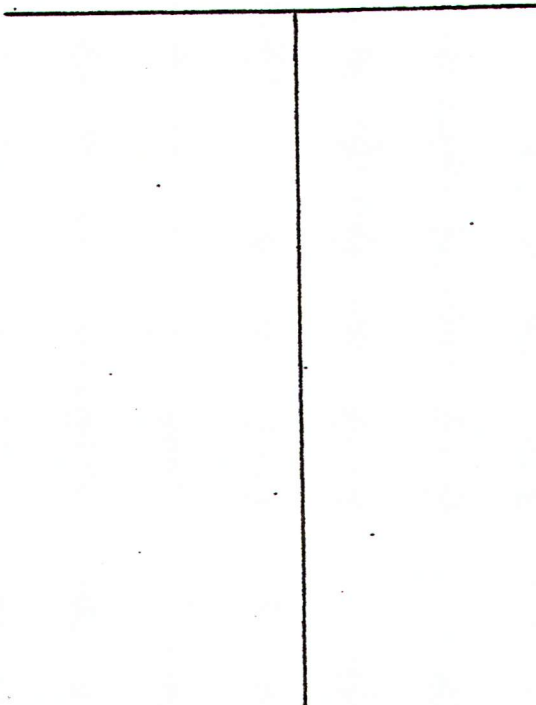
AL HARRINGTON #0-564
Print Name of Water Well Contractor and License No.

AL Harrington
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

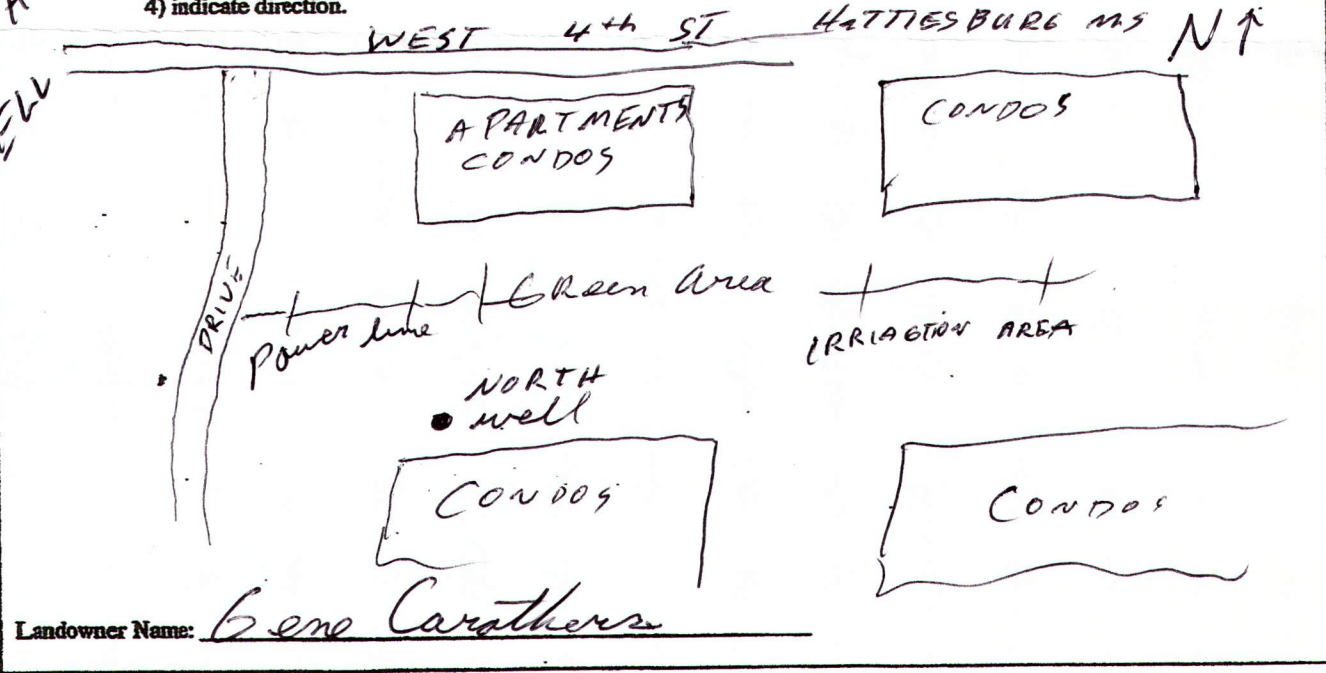


Description of Formations Encountered	From	To
Red clay	0	5'
white clay	5'	44'
Blue clay	44'	88'
fine sand	88'	110'
Blue clay	110'	119'
fine sand	119'	123'
Blue clay	123'	139'
med to fine grey sand	139'	163'

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.

NORTH WELL



Landowner Name: Gene Carathers

Al 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 #: E-293

Elevation: _____

County: Lamar
Permit #: _____
Driller: AL HARRINGTON
Date completed: 4/17/09

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>Gene Carathorne</u>	Latitude: <u>31° 19' 53"</u> Longitude: <u>-89° 22' 53"</u>
Mailing Address: <u>112 Sheffield Loop</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hattiesburg MS 39470</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 11 Twn 4N Rng 14W</u>
Telephone No. () _____	Distance Direction Nearest Town Miles <u>WEST of HATTIESBURG</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>5 HP</u>
Date Pump Installed: <u>4/17/09</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>55 6PM Sub Pump</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/17/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>110'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>7160'</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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MAY 20 2009
BY: OLWR