

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 #: E 295
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 8/24/09

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>Tim Giggins</u>	Latitude: <u>31° 15' 54"</u> Longitude: <u>89° 22' 37"</u>
Mailing Address: <u>Broadway Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Rowles MS 39475</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 35 Twn 4N Rng 14W</u>
Telephone No. ()	Distance <u>3.5</u> Miles <u>SW</u> Direction of <u>Hattiesburg</u> Nearest Town

Well Data

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

Date well drilling started: 8/24/09 Date well drilling completed: 8/24/09

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

Static Water Level: 49' feet above of below (circle one) land surface Date measured: 8/24/09

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

Hole depth: 93' Well depth: 93' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73' 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 73' feet to 93' 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): _____

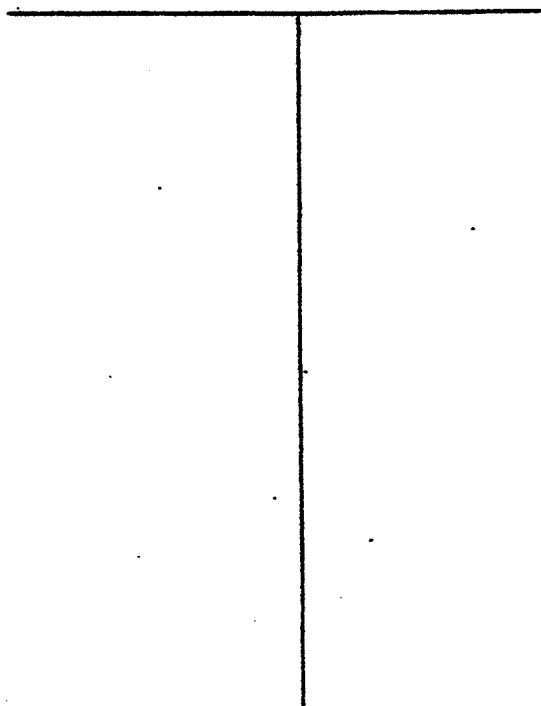
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

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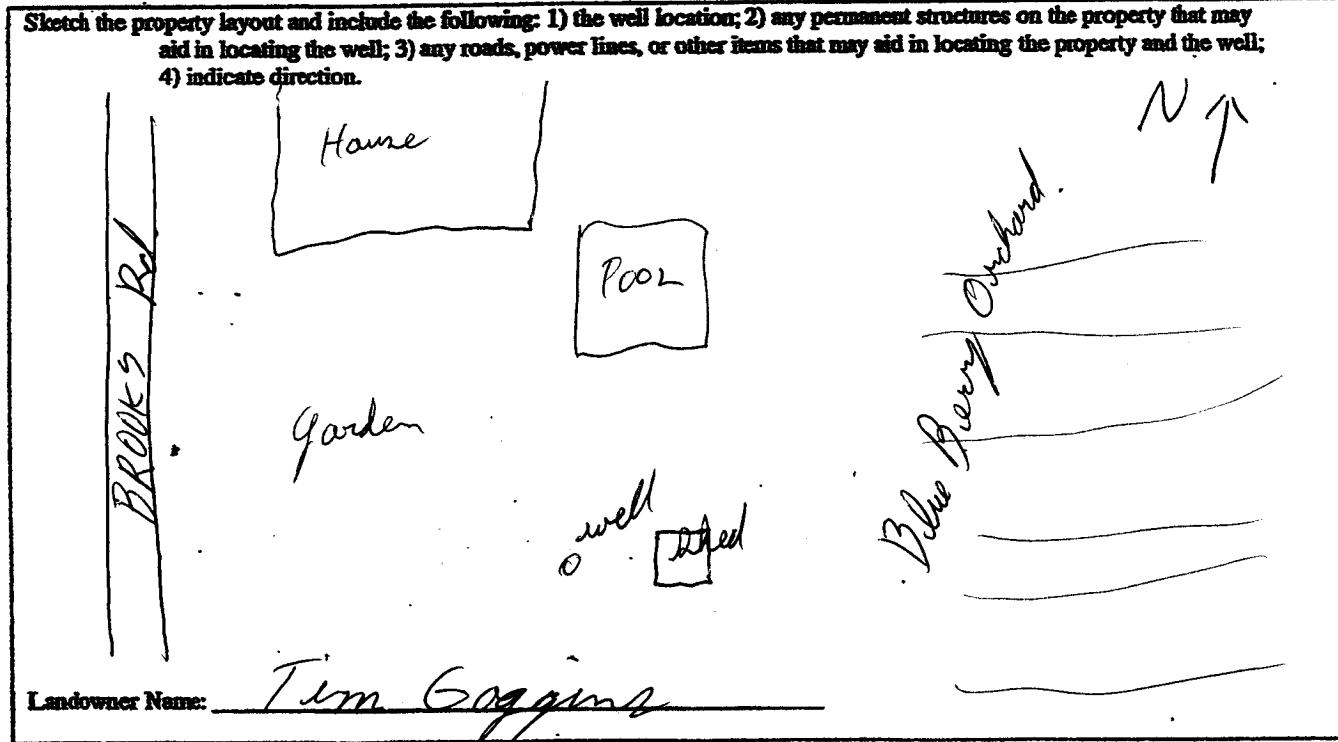
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Red Clay	0	20'
fine red sand	20'	30'
white clay	30'	40'
fine to med. red sand	40'	90'
Coarse sand + Peabody	90'	93'

If more than one screen, show location of each on sketch



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 #: E295
Elevation:

County: Lamar
Permit #:
Driller: AL HARRINGTON
Date completed: 8/24/09

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

Owner Name: Team Goggins
Mailing Address: Brook Rd.
Purvis MS 39475
City State Zip Code
Telephone No. ()

Well Location

Latitude: 31°15'59" Longitude: 89°22'37"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 35 Twn 4 N Rng 14 W
SE NW
Direction Nearest Town
7 Miles SW of Hattiesburg

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 8/24/09
Rated Pump Capacity: 55 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: 5 HP
Setting Depth: 84 feet
Number of Stages: 55 GPM Series Pump

Pump Test Data

Date Well Tested: 8/24/09
Static Water Level (A): 49 Feet Below Land Surface
Pumping Water Level (B): 784 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)

Signature of Pump Installer

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BY: OLWR