State Well Report				
1 1 1 1 1 1 1	art 1 For Office Use Only:			
Mississippi Department	of Environmental Quality Aquifer:			
Permit #: Office of Land ar	nd Water Resources K-181			
	04 10051			
Jackson, M	S 39289-0631 L. S. Elevation:			
Date drilling completed: ////// HOVENSTON Drilling Conspary (601)354	61-5210 -6938 (fax) E-log #:			
(MINATED CONTRACTOR (001)554	-0730 (lax) E-log #:			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	iriller in detail and filed with the Department within			
Well Owner Information	Well Location			
Owner Name Tray Parker	Latitude: 31 . 07 . 06.9" Longitude: 29 . 45.6"			
Mailing Address: 1244 Purris Bartoull	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Puris M/9. 39475 City State Zip Code	5W 4 ME 4 Sec 22 Vwn 2N Rng 15W			
City State Zip Code	NE SW			
	Distance Direction Nearest Town			
Telephone No. ()	4.5 Miles W of Furnus			
Well D	ata			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
, ,				
Date well drilling started: _////DUf Date w				
If flowing, method of flow regulation: Valve Other (de				
Static Water Level: 5 feet above or oclow (circle one) la	and surface Date measured: ////////			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 108 Well depth: 108	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 4 feet Casing diameter: 4				
Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC Screen slot size: 1008 inches Setting depth: From 98 feet to 108 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 MANUSTER				

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor...

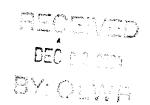
If well telescopes please sketch below and show depths.

Ground Level	K-181	Description of Formations Encountered	From	To
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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.		
Pond.		
owell		
Home.		
Landowner Name: July / Ourse		

Signature of Water Well Contractor



STATE WELL REPORT

County: Pearl River Permit #: _____ Driller: AL HARRINGTON Date completed: 1/1/04

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

For Office Use Only:	7
Aquifer:	
Well #: K-181	73
Elevation:	

(601)961-5210 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location Latitude: 3107 069 Longitude: W-8929 4516" Owner Name: resternelly Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NC 14 Sec 22 Twn 2N Rng 15 W Distance Direction Nearest Town Telephone No. (___ Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): _ Other (specify): _ Horse Power Rating of Motor: Date Pump Installed: _ /// Setting Depth: Rated Pump Capacity: Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: __ Air Line Electric Measuring Line Steel Tape Feet Below Land Surface Other (specify): Pumping Water Level (B): 780' Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: ____ Test Pumping Rate: ___ Gallons Per Minute Well yielded _____GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _____hours _____feet after _____hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
AL HARRINGTON # 0-564	all Harrington
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

37.01