

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 #: K-182
L. S. Elevation: _____
E-log #: _____

County: LAMAR
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 1/10/05
1/11/05

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>Hamp Coaley</u>	Latitude: <u>N 31° 06' 49.0"</u> Longitude: <u>89° 28' 59.8"</u>
Mailing Address: <u>P.O. Box 18121</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Hethersburg MS 39404</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>9W 1/4 9W 1/4 Sec 27 Twn 2N Rng 15W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4.5 Miles W of Sumner MS</u>

Well Data

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

Date well drilling started: 1/10/05 Date well drilling completed: 1/11/05

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

Static Water Level: 30' feet above or below (circle one) land surface Date measured: 1/11/05

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

Hole depth: 99' Well depth: 99' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 89' feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: 1008 inches Setting depth: From 89' feet to 99' 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

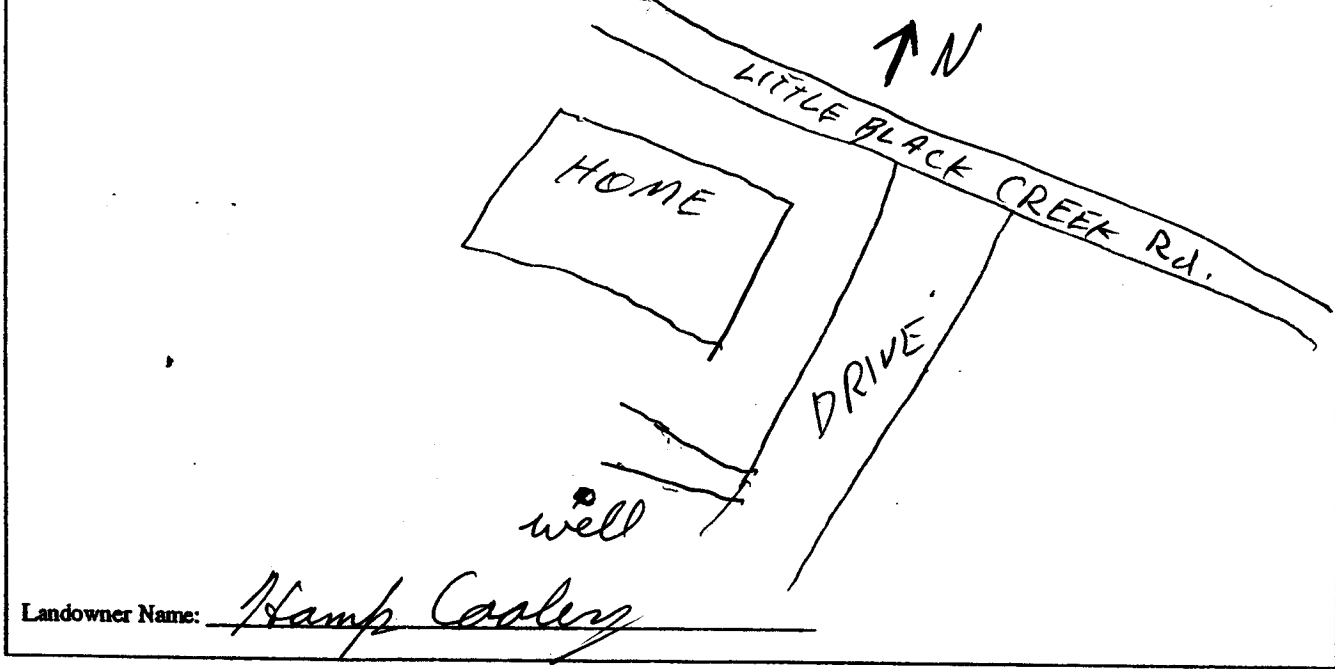
If well telescopes please sketch below and show depths.

Ground Level K-182

Description of Formations Encountered	From	To
Red Clay	0	10'
Red clayey Sand	10'	30'
fine red sand	30'	40'
med grain red sand	40'	70'
course grain red yellow sand	70'	99'

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.



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)

County: LAMAR
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 1/11/05

For Office Use Only:

Aquifer: _____
 Well #: K-182
 Elevation: _____

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>Hamp Cooley</u>	Latitude: <u>N 31° 06' 49.0"</u> Longitude: <u>-89° 28' 55.8"</u>
Mailing Address: <u>P.O. Box 18121</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Natheshburg MS 39404</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 27 Twn 2N Rng 15W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4.5 Miles W of Purvis MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP JET</u>
Date Pump Installed: _____	Setting Depth: <u>JET set at 55'</u> feet
Rated Pump Capacity: <u>12</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>1/11/05</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>20'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65'</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 AL Harrington
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 14 2005

BY: OLWR