

County: LAMAR
 Permit #: _____
 Driller: Al Harrington
 Date drilling completed: 8/22/14

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K208
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>W. A. Pargne</u> Mailing Address: <u>Camellia Lakes</u> <u>177 Mayfair Rd</u> <u>Ida Bess Springs MS 39402</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 9' 50"</u> Longitude: <u>-89° 29' 50"</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 3</u> <input checked="" type="checkbox"/> Twn <u>2N</u> Rng <u>15W</u> SW Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Purvis MS</u></p>
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Well / Borehole Data

Date drilling started: 8/22 Date drilling completed: 8/22 Hole depth: 100' Hole diameter: 6 7/8"

Location of the source of any surface water used for drilling: NONE
 Method of dosing and volume of Chlorine used in drilling and development: 2 gal / 12.50 gal H₂O

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: BARN/LIVESTOCK

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

Static Water Level: 58' feet above or below (circle one) land surface Date measured: 8/22/14

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

Well depth: 100' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1.008 inches Setting depth: From 90' feet to 100' feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development
 Other (describe): _____

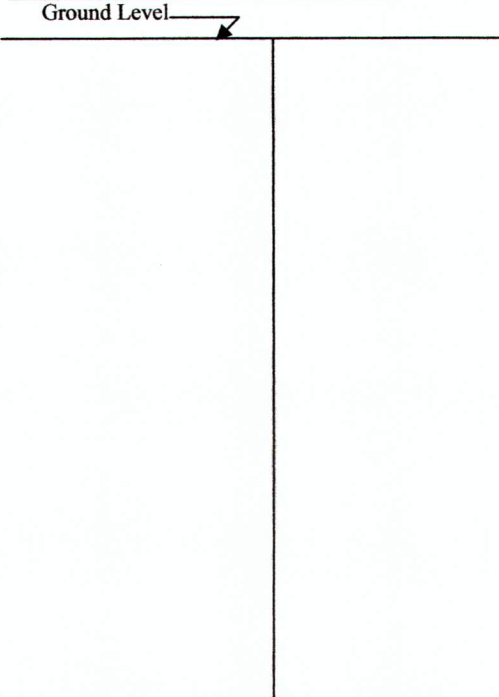
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

K-208

The sketch below only required for water wells

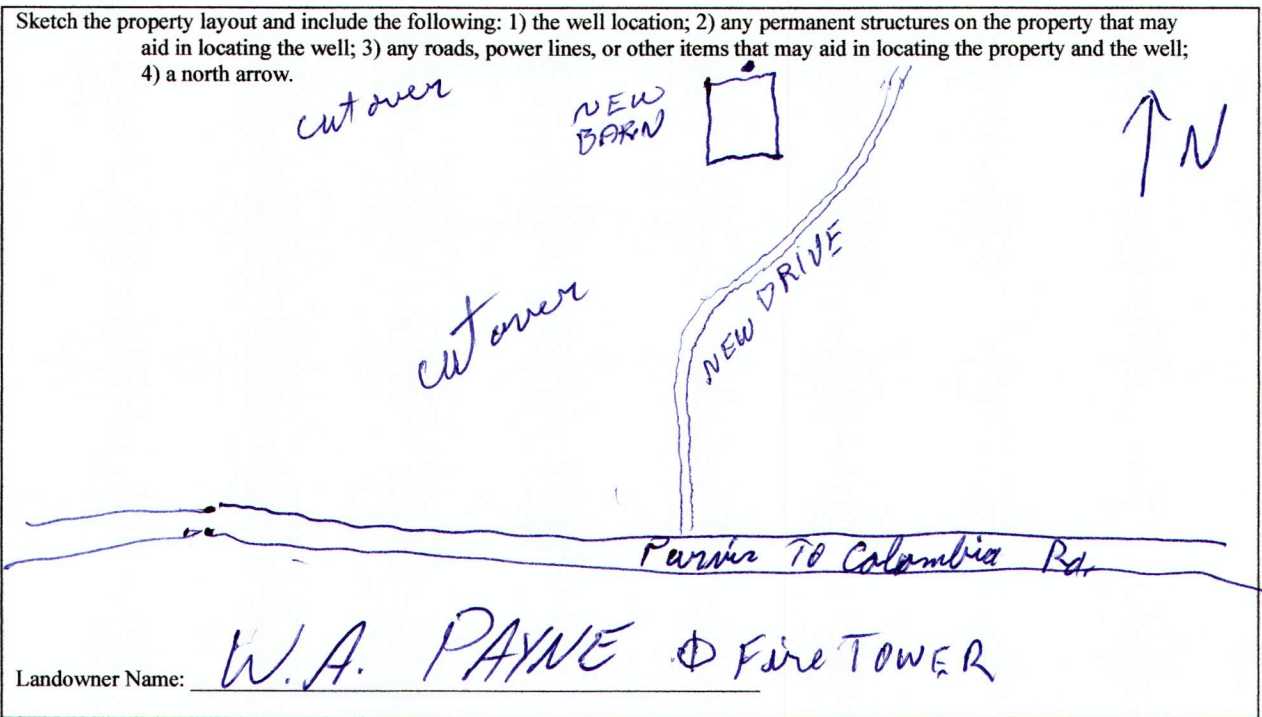
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red Clay	0'	12'
Fine Fred Sand	12'	40'
Med Red Sand	40'	90'
Coarse Per gravel + sand	90'	100' TD

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



Form: OLWR-SWR-1A (04/08)

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

AL HARRINGTON 0-564
Print Name of Responsible Licensee and License No.

8/19/14
Date

Al Harrington
Signature of Licensee

SEP 23 2014

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: LAMAR
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 8/22/14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K208
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>W.A. Payne</u>	Latitude: <u>31° 9' 50"</u> Longitude: <u>-89° 29' 50"</u>
Mailing Address: <u>Cornellia Lakes</u> <u>133 Maryfair Rd.</u> <u>Northumbury MS 39402</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ <input checked="" type="checkbox"/> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE 1/4 NW 1/4 Sec 3 T 2 N R 15 W</u> SW Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Purvis MS</u>
Telephone No. () _____	

Pump Type	Power Type
Circle one Air Lift Jet <input type="checkbox"/> <u>Submersible</u> Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____	Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>83'</u> feet Number of Stages: <u>206PM Reel Pump</u>
Date Pump Installed: <u>8/22/14</u>	
Rated Pump Capacity: <u>20</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8/22/14</u>	Circle one Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____
Static Water Level (A): <u>58'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>783'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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