

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 #: L-134
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 7/31/08

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>Gonny Willford</u> | Latitude: <u>31° 5' 24"</u> Longitude: <u>89° 25' 55"</u> |
| Mailing Address: <u>Tallahatchie Rd</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Lumberton MS 39455</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 32 Twn 20 N Rng 14 W</u> |
| Telephone No. () _____ | Distance <u>4</u> Miles Direction <u>S</u> of Nearest Town <u>Parrus</u> |

Well Data

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

Date well drilling started: 7/31/08 Date well drilling completed: 7/31/08

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

Static Water Level: 51' feet above or below (circle one) land surface Date measured: 7/31/08

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

Hole depth: 129' Well depth: 128' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 118' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 1008 inches Setting depth: From 118' feet to 128' 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. Signature of Water Well Contractor

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AUG 25 2008
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: L-134

Elevation: _____

County: Lamar
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 7/31/08

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>Garry Willford</u> | Latitude: <u>31° 5' 24"</u> Longitude: <u>-89° 25' 55"</u> |
| Mailing Address: <u>Tallmah Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lumberton MS 39459</u> | USGS quad <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 32 Twn 2N Rng 14W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>5</u> of <u>Purvis</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1HP</u> |
| Date Pump Installed: <u>7/31/08</u> | Setting Depth: <u>76'</u> feet |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Number of Stages: <u>20 GPM sub</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>7/31/08</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>51'</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>276'</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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 AUG 25 2008
 BY: OLWR