

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

Acq#:L 139
 Well #:
 L. S. Elevation:
 E-log #:

County: Foman
 Permit #:
 Driller: AL HARRINGTON
 Date drilling completed: 8/26/10

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
 Owner Name: Clyde Mann
 Mailing Address: 330 Bessie Lake Rd
Purvis Ms 39475
 City State Zip Code
 Telephone No. ()

Well Location
 Latitude: 31° 9' 8" Longitude: -89° 21' 12"
 Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4 Sec 12 Twn 2N Rng 74W
 Distance Direction Nearest Town
3.5 Miles E of Purvis

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
 Date well drilling started: 8/26/10 Date well drilling completed: 8/26/10
 If flowing, method of flow regulation: Valve Other (describe)
 Static Water Level: 51' foot above or below (circle one) land surface Date measured: 8/26/10
 Method of Measurement (circle one) steel tape electric tape air line other:
 Hole depth: 78' Well depth: 78' Well grouted to a depth of 10' feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 68' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .008 inches Sealing depth: From 68' feet to 78' feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe):
 Top of log 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.

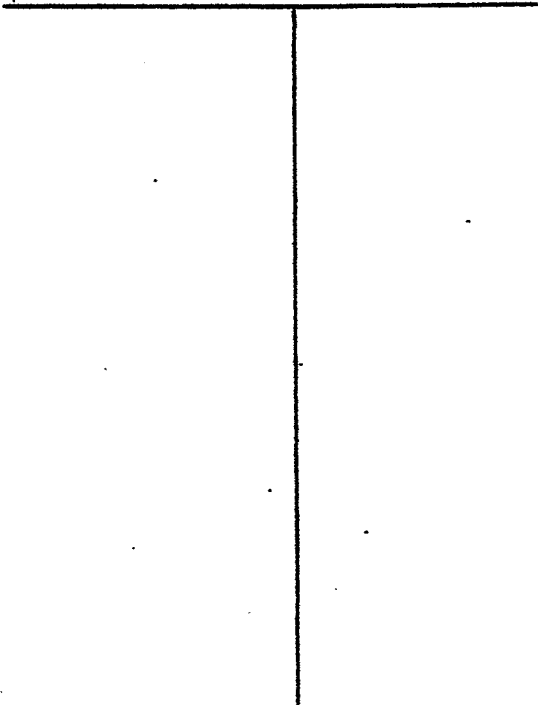
AL Harrington
 Signature of Water Well Contractor

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L139

If well telescopes please sketch below and show depths.

Ground Level



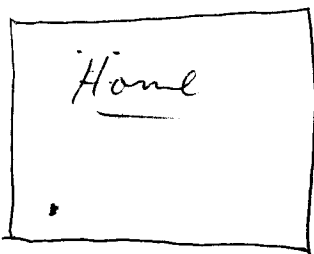
Description of Formations Encountered	From	To
Red clay red sand	0	20' 78'

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.

Bever Lake Rd.

↑ N



o well

Landowner Name: Clyde Mann

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: L139
 Well #: _____
 Elevation: _____

County: Zamar
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 8/26/10

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>Clyde Mann</u>	Latitude: <u>31°9'8"</u> Longitude: <u>-89°21'2"</u>
Mailing Address: <u>330 Berney Lake Pt.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Purvis MS 39475</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 12 Twn 2N Rng 14W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3.5 Miles E of Purvis</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>8/26/10</u>	Setting Depth: <u>71'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/26/10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>51'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>77'</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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