

# 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 #: N-70  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: AL HARRINGTON  
Date drilling completed: 12/18/07

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>Kenneth Balin</u>	Latitude: <u>31° 4' 11"</u> Longitude: <u>-89° 30' 38"</u>
Mailing Address: <u>Craw Zellerbach Rd</u> <u>Lumberton MS 39455</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>4</u> Twn <u>1N</u> Rng <u>15W</u> <u>SE</u> <u>SW</u>
Telephone No. ( ) _____	Distance _____ Miles Direction _____ Nearest Town _____ of _____

Well Data

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

Date well drilling started: 12/18/07 Date well drilling completed: 12/18/07

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

Static Water Level: 88' feet above or below (circle one) land surface Date measured: 12/18/07

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

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110' 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 110' feet to 120' 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.

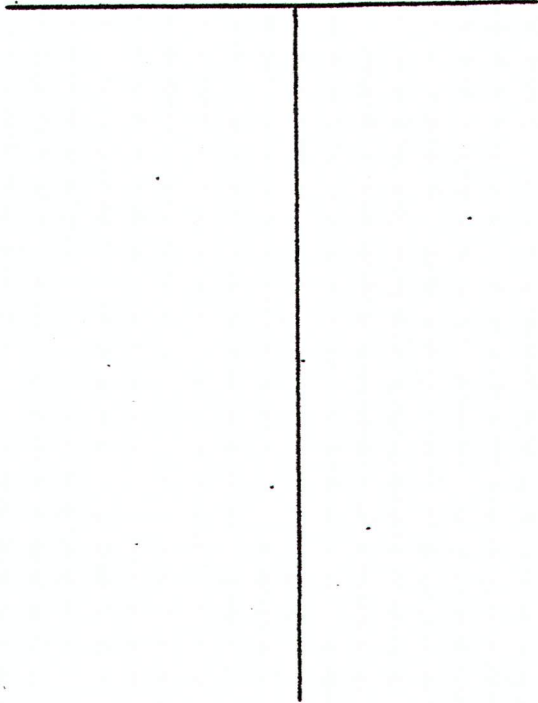
AL Harrington  
Signature of Water Well Contractor

RECEIVED  
JAN 18 2008  
BY: OLWR

N-70

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
<i>Red Clay</i>	<i>0</i>	<i>20'</i>
<i>med fine sand</i>	<i>20</i>	<i>60'</i>
<i>med sand</i>	<i>60'</i>	<i>120'</i>

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.

Landowner Name: *Kenneth Galin*

*Al Harrington*  
Signature of Water Well Contractor

RECEIVED  
JAN 18 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)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: AL HARRINGTON  
 Date completed: 12/18/07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-70  
 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>Kenneth Balin</u>	Latitude: <u>N 31° 4' 11"</u> Longitude: <u>-89° 30' 38"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4 SE 1/4 Sec 4 Twn 1N Rng 15W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	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: <u>1HP</u>
Date Pump Installed: <u>12/18/07</u>	Setting Depth: <u>110'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/18/07</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>88'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>710'</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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  
 Print Name of Pump Installer and License No. (if applicable)

Al Harrington  
 Signature of Pump Installer