

County: Pearl River
 Permit #: 8125114
 Driller: Al Harrington
 Date drilling completed: 8/25/14

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 #: A30
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Randal Evans</u>	Latitude: <u>30° 56' 40"</u> Longitude: <u>-89° 40' 28"</u>
Mailing Address: <u>Fords Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Paplarville MS 39470</u>	<u>9E 1/4 NW 1/4 Sec 29 Twn 19 Rng 17W</u>
City State Zip Code	Distance: <u>11.5 Miles</u> Direction: <u>NW</u> of <u>Paplarville MS</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 8/25/14 Date drilling completed: 8/25/14 Hole depth: 88' 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 / 1250 gal

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: _____

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 8/25/14

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

Well depth: 88' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 78' 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 Setting depth: From 78' feet to 88' feet

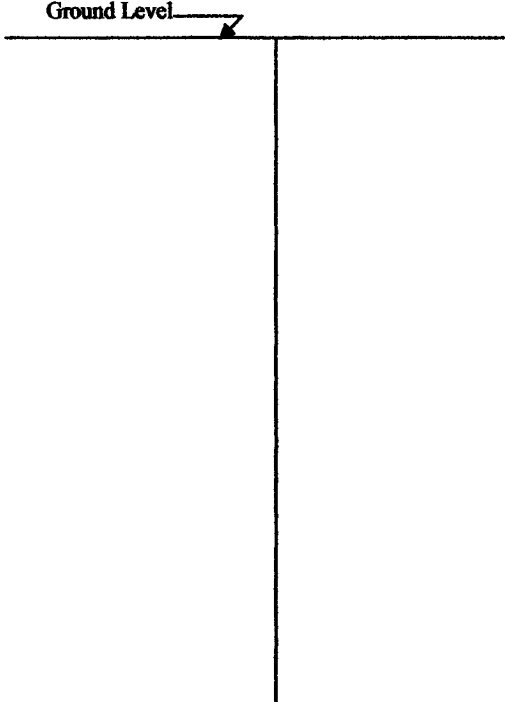
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole Natural Development _____

Other (describe): _____

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

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Gravel	0	1
Red clay	1	10'
fine red sand	10'	14'
Red + white clay	14'	50'
Sand	50'	60'
White clay	60'	70'
Tan sand	70'	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) a north arrow.

Landowner Name: Randall Evans

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.

9/19/14
Date

AL Harrington
Signature of Licensee

SEP 24 2014

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: Pearl River
 Permit #: _____
 Driller: Al Harrington
 Date completed: 8/25/14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A30
 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>Randal Evans</u>	Latitude: <u>30°56'40"</u> Longitude: <u>-89°40'28"</u>
Mailing Address: <u>Fords Creek Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Poplarville MS 39470</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Cty State Zip Code	<u>SE 1/4 NW 1/4 Sec 29 T 15 R 17W</u>
Telephone No. () _____	Distance <u>11.5</u> Miles <u>NW</u> Direction of <u>Nearest Town</u> <u>Poplarville</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>8/25/14</u>	Setting Depth: <u>68'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>20 GPM Dub Pump</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/25/14</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>40'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>76B'</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	

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