Dran Our		ort 1	For Office Use Only:	
County: PEARL KIVER	Part 1		Aquifer:	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		11.7	109
Driller: AL HARRINGTON	P.O. Box 10631		Well #: B-46	, ,
Date drilling completed: 11/5/04		IS 39289-0631	L. S. Elevation:	
Harrenston Briller	a Compenso1)35	961-5210 4-6938 (fax)	E-log #:	
Have began in the control		, 0,55 (2)		
State Law requires that this rep		driller in detail and filed w	ith the Department within	
30 days of completion of drilling Well Owner Informs		Wall	Location	
Owner Name Frank Vaccarella		Latitude: 30. 57: 11,0	8" N-890 34, 79.6"	
Mailing Address: 104 Blue Gill		Method of Lat/Long (circle one): Conventional Survey,		
Slidell La 70461		USGS quad, Hand-held GPS Survey-grade GPS		
City State Zip Code		NE 14 NE 14 Sec 22 Twn 188 Rng 16W		
•	Telephone No. ()		Negrest Town of raplamile	
	Well 1	L		
Purpose of Well (circle one) Home Ind	noteial Dublic Cumuly	Irrigation Fish Culture	Other: Camp	
<i>i 1</i>		_		
Date well drilling started: ///5/0	4 Date	well drilling completed:	5/04	
If flowing, method of flow regulation: Val	lve Other (d	escribe)		
Static Water Level: 24' feet al	ove or below (eircle one) l	and surface Date measured:	11/5/04	
Method of Measurement (circle one) (steel tage electric tape air line other:				
Hole depth: 81' Well depth: Well grouted to a depth of 10' feet				
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 71' feet Casing diameter: 4' inches Type of casing: PVC				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PW				
Screen slot size: r 008 inches Setting depth: From 71 feet to 81				
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 te	escoped or more than one scre	een, 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, constru	ucted, and completed in a	ccordance with all applicable r	requirements of the Mississippi	
Department of Environmental Quality as	nd/or the Mississippi Dep	artment of Health regulations	and state laws.	
AL HARRINGTON #0-564 Macrington				
rint Name of Water Well Contractor and License No.  Signature of Water Well Contractor				

**State Well Report** 

PECTVED

BY: OLWA

If well telescopes please sketch below and show depths.

Ground Level	B-46	
· · · · · · · · · · · · · · · · · · ·		

Description of Formations Encountered	From	To
Red & Whate mitters		
Clare 1	0	10
white cloud	101	60
med-yellow white bound	601	651
med-kellaw white bound	65	811
		<u>                                     </u>
		<u> </u>
·		

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.
y more and the control of the contro
Eury JAN
Camp
, o well
PRINE
Landowner Name: Frank Vaccarella.

Signature of Water Well Contractor

RECEIVED

DEC 0 2 2004

BY: OLWR

## STATE WELL REPORT

## County: Rent Range Permit #: \_\_\_\_\_ Driller: AL HARRINGTON Date completed: 11/5/04

## 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

For Office Use Only:
Aquif <del>er:</del>
Well#: B-46
Elevation:

	(601)35	4-6938 (fax)	Elevation:	
This report should be prepared by the installation of pump.	pump installer in detai	l and filed with the Departn	nent within 30 days	s of the
Well Owner Information		V	Vell Location	
Owner Name: Frank Vaccarella		Latitude: 1/30°57 11.8 Longitude: 89034 39.6"		
Mailing Address: 105 Blueg		Method of Lat/Long (circle	one): Conventiona	l Survey,
Sledell Id	70461		and-held GPS Surv	
City State	Zip Code	NE 14 NE 14 Sec_	Twn	_ Rng
	-	Distance Direction	Nearest Tov	vni ,
Telephone No. ()_		5 Miles N	of Poplar	rille
Pump Type Circle one			Power Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gaso	oline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor Han	d	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Othe	er (specify):	
Other (specify):	····	Horse Power Rating of Mot		
Date Pump Installed: 11/5/04	·	Setting Depth: 44		_feet
Rated Pump Capacity:G	allons Per Minute	Number of Stages:	GPM GE	RIES
Pump Test Data				
Date Well Tested: 1/5/04		Method of h	Measuring Water I Circle one	evel
Static Water Level (A): 24 Feet Bo	elow Land Surface		leasuring Line (	Steel Tape
Pumping Water Level (B): 744 Feet Be	low Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet Be	elow Land Surface	For flowing well, measured	shut in head:	feet
Test Pumping Rate:G	allons Per Minute $\;\;\; \mathrel{\checkmark} \;\;$	Well yielded	GPM with a di	awdown of
Duration of Pump Test (minimum 4 hours):	hours	feet after	ho	urs of pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
AL HARRINGTON #0-564	All Harrylin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Inspatier

BY: OLWA