

# 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: E 107  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Pearl River  
Permit #: \_\_\_\_\_  
Driller: AL HARRINGTON  
Date drilling completed: 11/4/10

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	Well Location
Owner Name: <u>Faye Champagne</u>	Latitude: <u>30° 54' 4"</u> Longitude: <u>89° 41' 2"</u>
Mailing Address: <u>Hill Farnes Rd.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Poplarville MS 39470</u>	<u>NW 1/4 SE 1/4 Sec. 3 Twn 29 Rng 17W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>10</u> Miles <u>NW</u> Direction of <u>Poplarville</u> Nearest Town
Telephone No. ( ) _____	

### Well Data

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

Date well drilling started: 11/4/10 Date well drilling completed: 11/4/10

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

Static Water Level: 96' feet above or below (circle one) land surface Date measured: 11/4/10

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

Hole depth: 160' Well depth: 160' Well grouted to a depth of 10' feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 150' 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 150' feet to 160' feet

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

Other (describe): \_\_\_\_\_

Top of log pipe introduction 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 logs: \_\_\_\_\_

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

AL Harrington

Print Name of Water Well Contractor and License No.

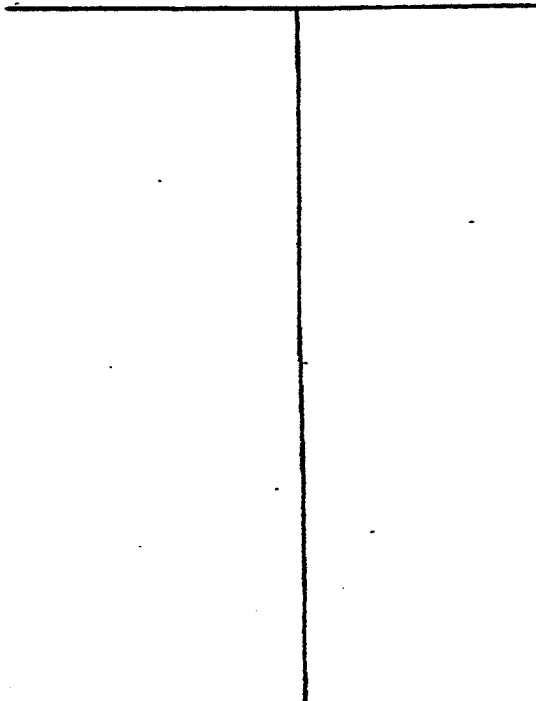
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

E107

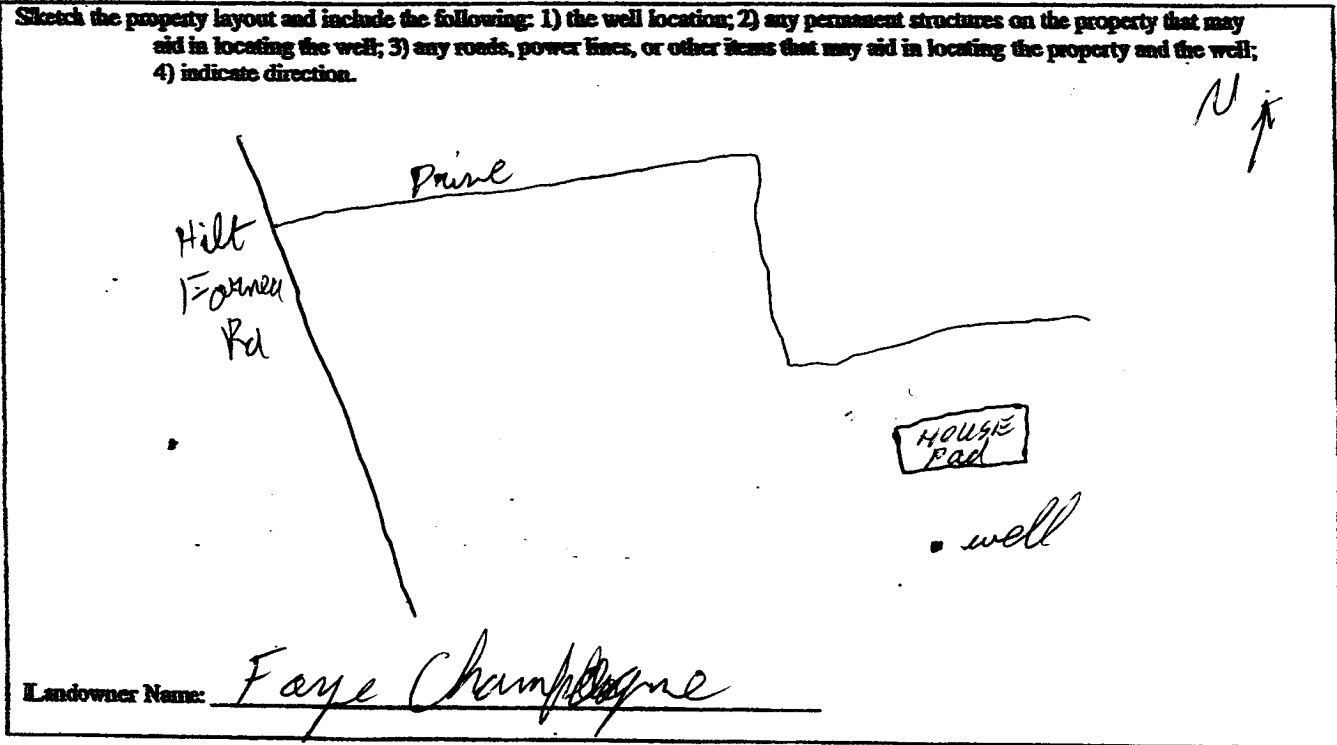
Ground Level



Description of Formations Encountered	From	To
Red & Tan Clay	0	18'
Fine tan sand	18'	27'
Tan clay	27'	38'
fine red sand	38'	68'
white & red mottled clay	68'	78'
fine red sand	78'	130'
med red sand	130'	160'

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.



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: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Pearl River  
 Permit #: \_\_\_\_\_  
 Installer: AL HARRINGTON  
 Date completed: 11/4/10

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>Faye Champagne</u> Mailing Address: _____ <u>Helt Fernea Rd</u> <u>Poplarville MS 39470</u> <small>City State Zip Code</small> Telephone No. ( ) _____	Latitude: <u>30° 54' 4"</u> Longitude: <u>-89° 41' 2"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <u>NW ¼ SE ¼ Sec 3 Twn 25 Rng 17W</u> Distance Direction Nearest Town <u>10 Miles NW of Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11/4/10</u> Rated Pump Capacity: <u>206 GPM</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1HP</u> Setting Depth: <u>120'</u> feet Number of Stages: <u>206 GPM Dub</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/4/10</u> Static Water Level (A): <u>96'</u> Feet Below Land Surface Pumping Water Level (B): <u>7120</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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