

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 #: F-86
L. S. Elevation: _____
E-log #: _____

County: Pearl River
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 8/30/07

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>Aubrey Ryles</u>	Latitude: <u>30° 51' 9"</u> Longitude: <u>-89° 27' 8"</u>
Mailing Address: <u>42 L.C. Davis Rd</u> <u>Paplarville MS 39470</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 24 Twn 25 Rng 15W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Paplarville</u>

Well Data

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

Date well drilling started: 8/30/07 Date well drilling completed: 8/30/07

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

Static Water Level: 122' feet above or below (circle one) land surface Date measured: 8/30/07

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

Hole depth: 278' Well depth: 276' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 266' 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 266 feet to 276' 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): _____

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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. Signature of Water Well Contractor

G-86

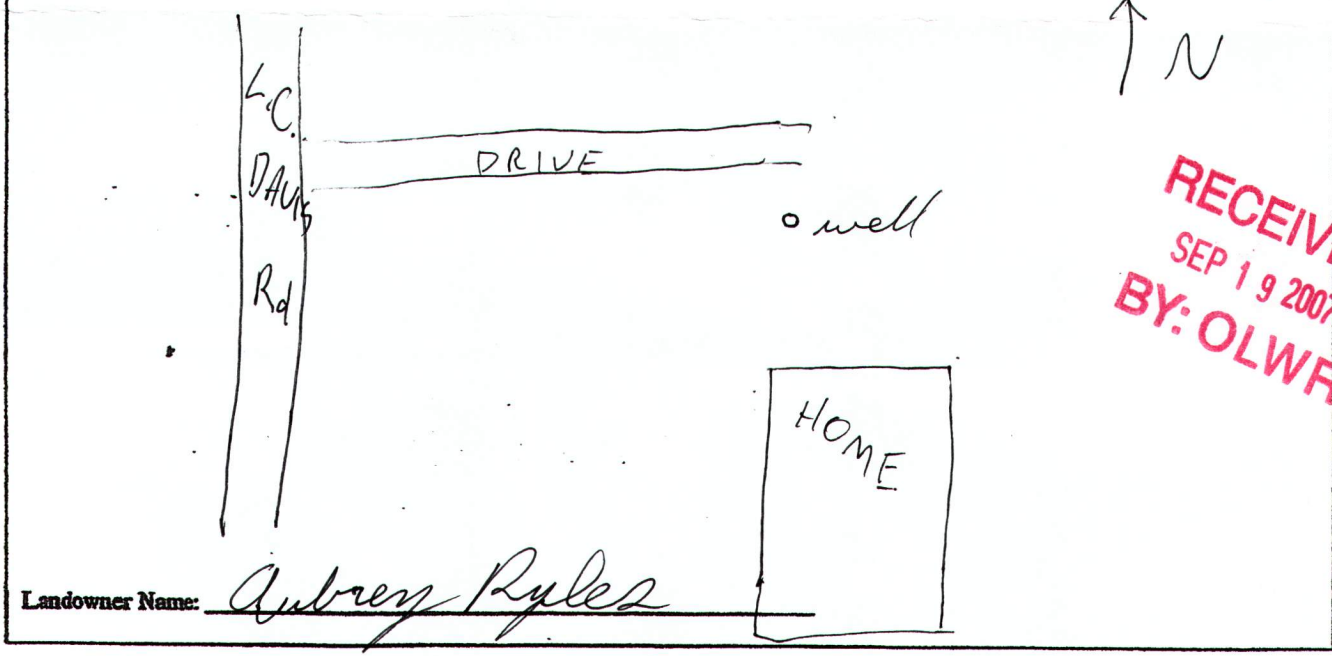
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red clay	0	10'
Red sand.	10'	25'
White clay	25'	80'
Blue green clay	80'	170'
band fine to med gr	170'	180'
Blue green clay	180'	240'
med grain sand	240'	276'
clay	276'	278'

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.



Signature of Water Well Contractor

AJ Harrington

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 #: E-86

Elevation: _____

County: Pearl River

Permit #: _____

Driller: AL HARRINGTON

Date completed: 8/30/07

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

Owner Name: Aubrey Ryles

Mailing Address: _____
42 L.C. Davis Rd.
Papleville MS 39470
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30°51'9" Longitude: 89°27'8"

Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec 24 Twn 2S Rng 15W

Distance Direction Nearest Town
 _____ Miles _____ of _____

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 8/30/07

Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 1HP

Setting Depth: 160'

Number of Stages: 12 GPM out

Pump Test Data

Date Well Tested: 8/30/07

Static Water Level (A): 122' Feet Below Land Surface

Pumping Water Level (B): 2160' 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

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 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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 SEP 19 2007
 BY OLWR