

State Well Report

Part I

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 #: H-39
L. S. Elevation: _____
E-log #: _____

County: Pearl River
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 11/16/05

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>Bob Arnold</u> | Latitude: <u>30° 51' 56.8"</u> Longitude: <u>-89° 24' 37.7"</u> |
| Mailing Address: <u>Harry Davis Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Lumberton MS 39445</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 20 Twn 25 Rng 14W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>11 Miles 9 of Lumberton</u> |

Well Data

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

Date well drilling started: 11/16/05 Date well drilling completed: 11/16/05

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

Static Water Level: 114' feet above or below (circle one) land surface Date measured: 11/16/05

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

Hole depth: 168' Well depth: 167' Well grouted to a depth of 20' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 147' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC Slotted

Screen slot size: 1.008 inches Setting depth: From 147' feet to 167' 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. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

M-39

Ground Level

Description of Formations Encountered

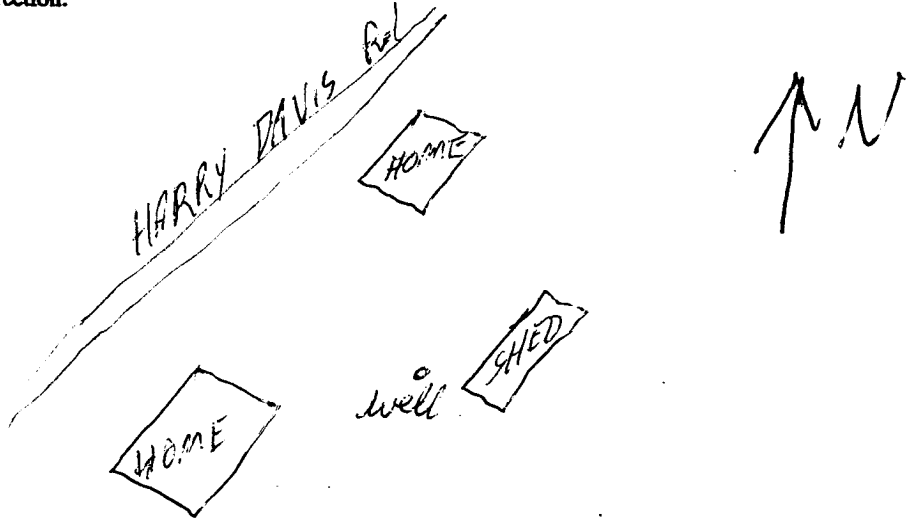
From To

A large empty rectangular box for sketching the well location and depth.

| Description of Formations Encountered | From | To |
|---------------------------------------|------|------|
| Red + Tan Clay | 0' | 12' |
| fine red sand | 12' | 60' |
| light clay | 60' | 100' |
| fine red sand | 100' | 112' |
| clay | 112' | 118' |
| red sand grain sand | 118' | 168' |
| clay cut | 168' | |
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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: Bob Arnold

W Harrington
Signature of Water Well Contractor

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 #: 4-39

Elevation: _____

County: Pearl River
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 11/16/05

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>Bob Arnold</u> Mailing Address: <u>Harry Davis Rd.</u> <u>Lumberton, MS 39455</u> City State Zip Code Telephone No. () _____ | Latitude: <u>N 30° 51' 56.8"</u> Longitude: <u>-89° 24' 37.7"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, (<u>Hand-held GPS</u>) Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 20 Twn 25 Rng 14W</u> Distance Direction Nearest Town <u>11 Miles S of Lumberton</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11/16/05</u> Rated Pump Capacity: <u>22</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2HP</u> Setting Depth: <u>130'</u> feet Number of Stages: <u>22 GPM Series</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>11/16/05</u> Static Water Level (A): <u>114'</u> Feet Below Land Surface Pumping Water Level (B): <u>210'</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 <input checked="" type="radio"/> <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