

# 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:

Acquifer: \_\_\_\_\_  
Well #: H58  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pearl River  
Permit #: \_\_\_\_\_  
Driller: AL HARRINGTON  
Date drilling completed: 8/30/11

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>Garan Seals</u>	Latitude: <u>30° 50' 18.5"</u> Longitude: <u>89° 25' 51.2"</u>
Mailing Address: <u>64 Nelson Rd.</u> <u>Paplarville MS 39470</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City _____ State _____ Zip Code _____	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>30</u> Twn <u>25</u> Rng <u>14W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>W</u> of <u>Paplarville</u>

**Well Data**

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

Date well drilling started: 8/29/11 Date well drilling completed: 8/30/11

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

Static Water Level: 142' feet above of below (circle one) land surface Date measured: 8/30/11

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

Hole depth: 316' Well depth: 316' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 306' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1008 inches Setting depth: From 306' feet to 316' 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.

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 #: H 58

Elevation: \_\_\_\_\_

County: Pearl River  
 Permit #: \_\_\_\_\_  
 Driller: AL HARRINGTON  
 Date completed: 8/30/11

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>Garon Seals</u> Mailing Address: <u>64 Nelson Rd</u> <u>Paplarville MS 39470</u> City _____ State _____ Zip Code _____ Telephone No. ( ) _____	Latitude: <u>30° 50' 18.5"</u> Longitude: <u>-89° 25' 57.2"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, ( <u>Hand-held GPS</u> ) Survey-grade GPS <u>SW ¼ SE ¼ Sec 30 Twn 25 Rng 14W</u> Distance _____ Direction _____ Nearest Town _____ <u>6 Miles W of Paplarville</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>8/30/11</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine        Gasoline Engine        Natural Gas Electric Motor        Hand                      Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>1HP</u> Setting Depth: <u>167'</u> feet Number of Stages: <u>12 GPM Sub.</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/30/11</u> Static Water Level (A): <u>142'</u> Feet Below Land Surface Pumping Water Level (B): <u>&gt;167'</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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 8/30/11  
 3:10 PM