

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: L 88
Well #: _____
L. S. Elevation: _____
B-log #: _____

County: Pearl River
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 8/27/10

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>Marco Morales</u>		Latitude: <u>30° 45' 35"</u>	Longitude: <u>89° 38' 40"</u>
Mailing Address: <u>24 Frank Smith Rd.</u>		Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
<u>Paplarville MS 39470</u>		USGS quad, <u>SW 1/4 NW 1/4 Sec 30 Twn 30S Rng 16W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>2.63</u> Miles	Direction: <u>SW</u> of Nearest Town: <u>Paplarville</u>
Telephone No. () _____			

Well Data	
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	
Date well drilling started: <u>8/27/10</u>	Date well drilling completed: <u>8/27/10</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>3'</u> feet above or below (circle one) land surface	Date measured: <u>8/27/10</u>
Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____	
Hole depth: <u>200'</u>	Well depth: <u>200'</u> Well grouted to a depth of <u>10'</u> feet
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>190'</u> feet	Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10'</u> feet	Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.008</u> inches	Setting depth: From <u>190'</u> feet to <u>200'</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	

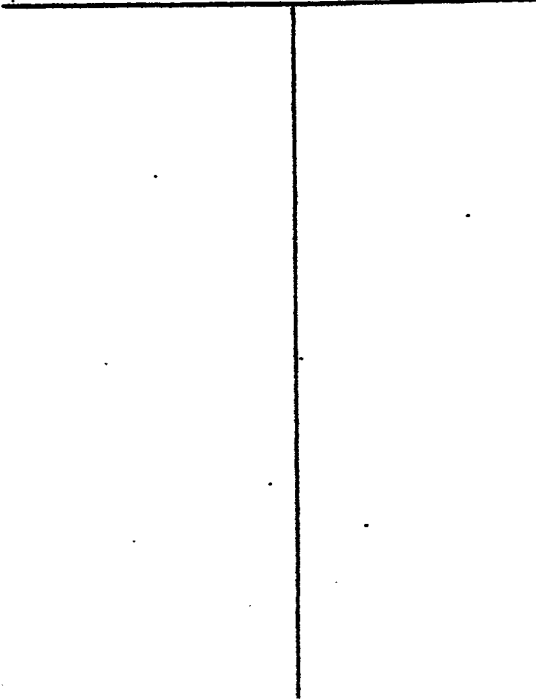
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

AL HARRINGTON #0-564 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.

Ground Level



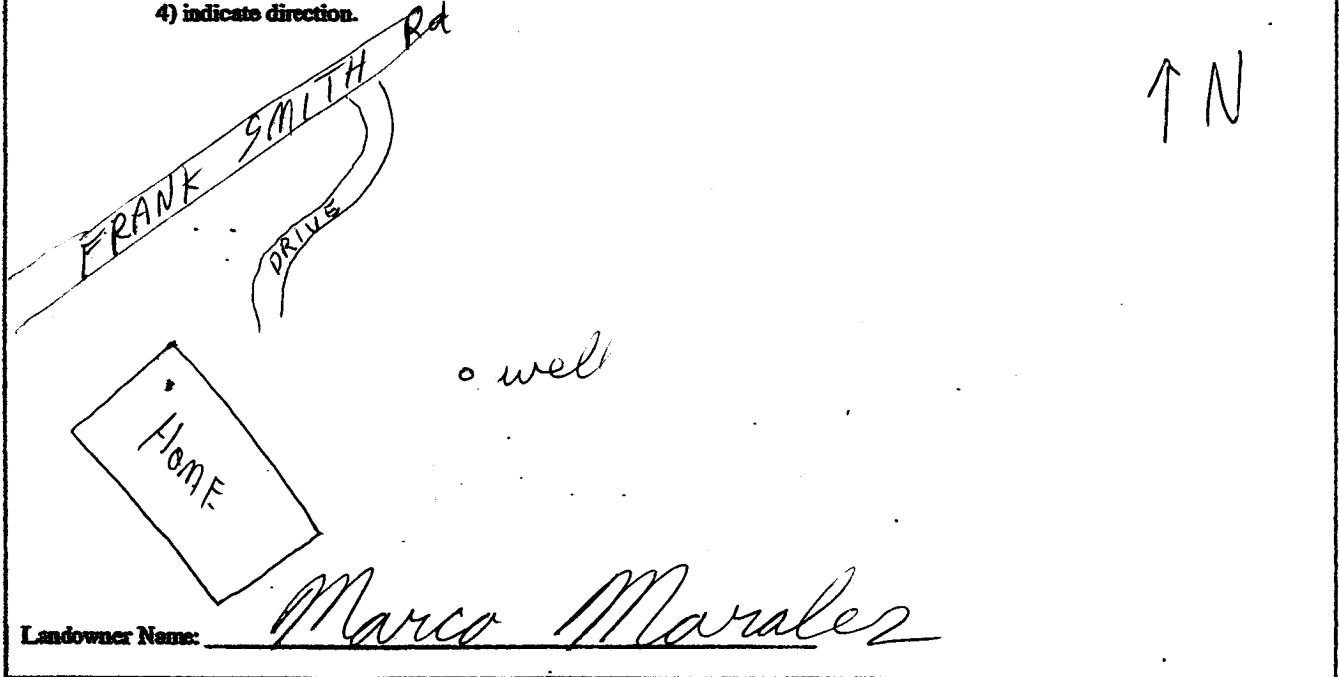
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
white clay	0	14'
white sand	14'	19'
white clay	19'	35'
Blue clay	35'	185'
fine grey sand	185'	200'

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:

Marco Marales

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: L88
 Well #: _____
 Elevation: _____

County: Pearl River
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 8/27/10

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>Marco Morales</u>	Latitude: <u>30° 45' 35"</u> Longitude: <u>-89° 38' 40"</u>
Mailing Address: <u>24 Frank Smith Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Paplarville MS 39470</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 30 Twn 35 Rng 16W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8.63 Miles SW of Paplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>8/27/10</u>	Setting Depth: <u>50'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>20 GPM SUB</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/27/10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>3'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>750'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

AL HARRINGTON #0-564 Al Harrington
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 SEP 17 2010
 BY: OLWR