

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 #: R-45
L. S. Elevation: _____
B-log #: _____

County: Pearl River
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 3/12/08

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>Denise Livingston</u>	Latitude: <u>30° 44' 0"</u> Longitude: <u>-89° 27' 23"</u>
Mailing Address: <u>Three Ponds Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Poplarville MS 39470</u>	NW <u>1/4</u> NW <u>1/4</u> Sec. <u>1</u> Twn <u>45</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town <u>9</u> Miles <u>SE</u> of <u>Poplarville</u>
Telephone No. () _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3/12/08 Date well drilling completed: 3/12/08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 133' feet above or below (circle one) land surface Date measured: 3/12/08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 180' Well depth: 176' Well grouted to a depth of 10' feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 166' 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 166' feet to 176' 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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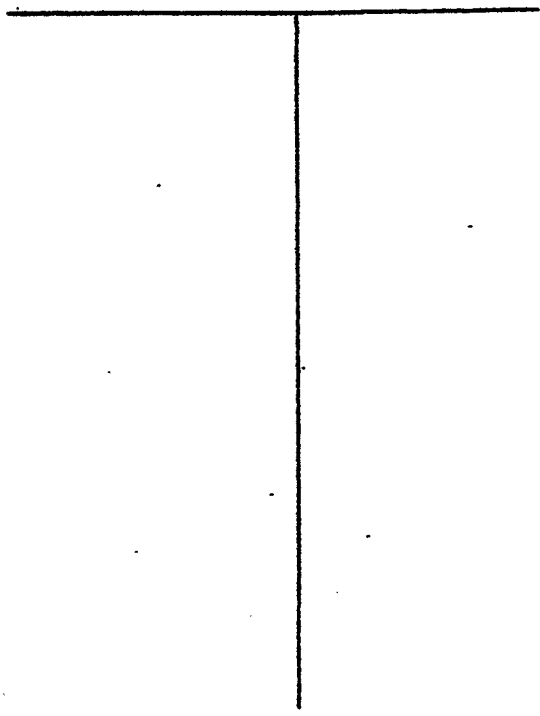
APR 09 2008

BY: OLWR

R-45

If well telescopes please sketch below and show depths.

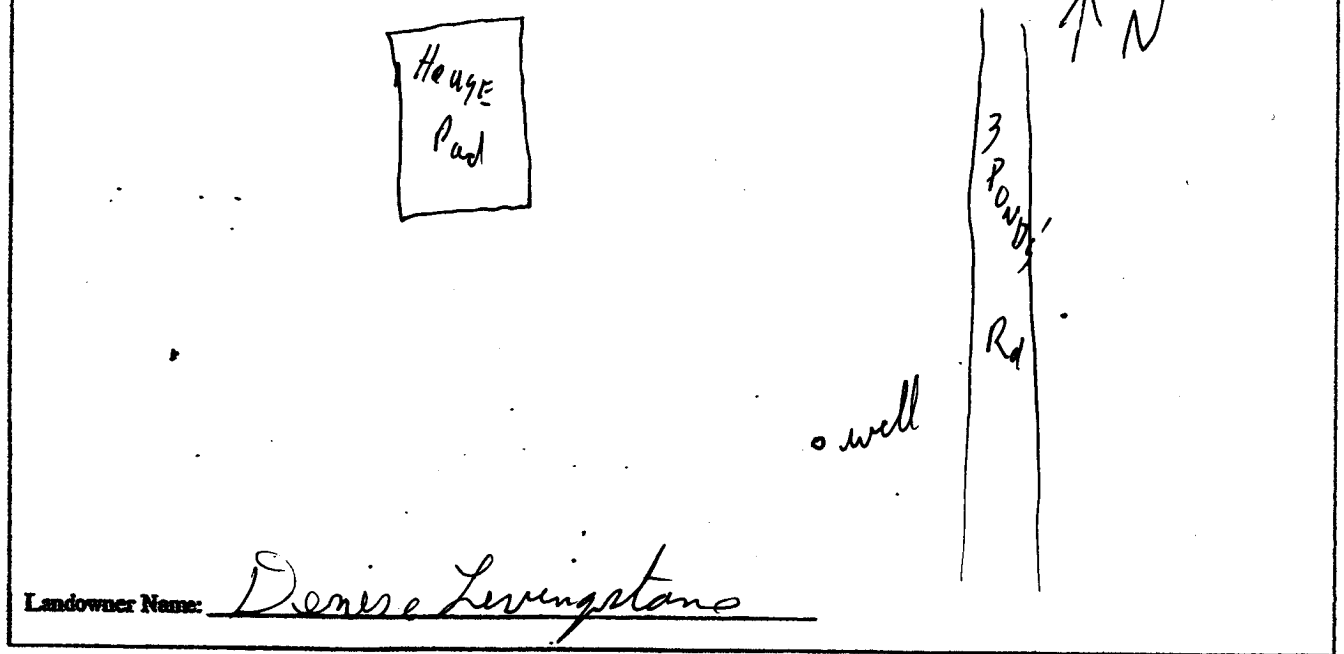
Ground Level



Description of Formations Encountered	From	To
Clay	0	20'
red sand	20'	68'
blue bita clay	68'	85'
blue clay	85'	100'
Fine sand	100'	122'
Med sand	122'	180'

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: Denise Livingston

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 #: <u>R-45</u>
Elevation: _____	

County: <u>Pearl River</u>
Permit #: _____
Driller: <u>AL HARRINGTON</u>
Date completed: <u>3/12/08</u>

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>Denise Livingston</u>	Latitude: <u>30°44'0"</u> Longitude: <u>-89°27'23"</u>
Mailing Address: <u>Three Ponds Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Poplarville, MS 39470</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 1 Twn 45 Rng 15 W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>9 Miles SE of Poplarville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> 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>3/12/08</u>	Setting Depth: <u>156'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/12/08</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>133'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>7156'</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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 APR 03 2008
 BY: OLWR