

# Harrington Drilling Company

## 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 #: S41  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pearl River  
Permit #: \_\_\_\_\_  
Driller: Al Harrington  
Date drilling completed: 8/5/04

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>Clay Cole</u>	Latitude: <u>30° 43' 29.6"</u> Longitude: <u>89° 26' 18.5"</u>
Mailing Address: <u>212 Hamacher</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 SW 1/4 Sec 6 Twn 43 Rng 14W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>11 Miles SE of Paplarville</u>

**Well Data**

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

Date well drilling started: 8/2/04 Date well drilling completed: 8/5/04

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

Static Water Level: 98' feet above or below (circle one) land surface Date measured: 8/5/04

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

Hole depth: 214' Well depth: 214' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 204 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1.008 inches Setting depth: From 204 feet to 214 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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AUG 10 2004  
BY: OLWR

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



# 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 #: S41

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

County: Pearl River  
 Permit #: \_\_\_\_\_  
 Driller: Al Harrington  
 Date completed: 8/5/04

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>Clay Cole</u>	Latitude: <u>N 30° 43' 29.6"</u> Longitude: <u>-W 89° 26' 18.5"</u>
Mailing Address: <u>212 Bonacker</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>SW 1/4 SW 1/4 Sec 6 Twn 4S Rng 14W</u>
Telephone No. ( ) _____	Distance                      Direction                      Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill <del>Other (specify):</del> <u>Generator</u>
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>8/5/04</u>	Setting Depth: <u>130'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12 GPM SERIE Dub.</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>98'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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  
 Print Name of Pump Installer and License No. (if applicable)

Al Harrington  
 Signature of Pump Installer

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 AUG 10 2004  
 BY: OLWR