

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 #: Q-33
 L. S. Elevation: _____
 E-log #: _____

County: PERRY CO.
 Permit #: _____
 Driller: AL HARRINGTON
 Date drilling completed: 9/30/04

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>Paul Weatherholt</u>	Latitude: <u>N 30° 54' 53.0"</u> Longitude: <u>W 89° 04' 49.1"</u>
Mailing Address: <u>1111 Hwy 29</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Wiggins MS 39577</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 34 Twn 15 Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Wiggins</u>

Well Data

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

Date well drilling started: 9/29/04 Date well drilling completed: 9/30/04

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

Static Water Level: 25.5' feet above or below (circle one) land surface Date measured: 9/30/04

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

Hole depth: 93' Well depth: 93' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 73' feet to 93' 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: ACT 2-1-2004

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

RECEIVED
 OCT 21 2004
 BY: OLWR

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 #: Q

Elevation: _____

County: PERRY

Permit #: _____

Driller: AL HARRINGTON

Date completed: 9/30/04

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>Paul Weatherhalt</u>	Latitude: <u>N 30° 54' 57.9"</u> Longitude: <u>W 89° 04' 49.1"</u>
Mailing Address: <u>111 Hwy 29</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wiggins MS 39577</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 34 Twn 15 Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5 Miles NE of WIGGINS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>9/30/04</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>28</u> Gallons Per Minute	Number of Stages: <u>28 GPM Pump end.</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/30/04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>25.5'</u> Feet Below Land Surface	Other (specify): <u>RECEIVED</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>OCT 21 2004</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>BY: OLWR</u> 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
 Print Name of Pump Installer and License No. (if applicable)

Al Harrington
 Signature of Pump Installer