

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 #: R-34
L. S. Elevation: _____
E-log #: _____

County: Itasca Perry
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 7/9/08

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>Gary Bond Harrington</u>	Latitude: <u>30° 59' 36"</u> Longitude: <u>88° 58' 29"</u>
Mailing Address: <u>34 Embury Lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brooklyn MS</u>	USGS quad: <u>NE 1/4 SW 1/4 Sec 3 Twn 19 Rng 10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>14</u> Miles <u>SE</u> of <u>Brooklyn</u>

Well Data

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

Date well drilling started: 7/9/08 Date well drilling completed: 7/9/08

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

Static Water Level: 27' feet above or below (circle one) land surface Date measured: 7/9/08

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

Hole depth: 51' Well depth: 50' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45' feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 5' feet Screen diameter: 2" inches Type of screen: PVC wrapped

Screen slot size: 10/10 inches Setting depth: From 45' feet to 50' 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 AL Harrington
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
AUG 20 2008
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 #: R-34

Elevation: _____

County: Perry
 Permit #: _____
 Driller: AL HARRINGTON
 Date completed: 7/9/08

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>Gary Harrison</u>	Latitude: <u>30° 54' 36"</u> Longitude: <u>88° 58' 29"</u>
Mailing Address: <u>24 Embury Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brooklyn MS</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 3 Twn 15 Rng 10W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>14 Miles SE of Brooklyn</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7/9/08</u>	Setting Depth: <u>jet set at 40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/9/08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>27'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>740'</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
 Print Name of Pump Installer and License No. (if applicable)

Al Harrington
 Signature of Pump Installer

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 AUG 20 2008
 BY: OLWR