

# 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 #: C-163  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Itane  
Permit #: \_\_\_\_\_  
Driller: AL HARRINGTON  
Date drilling completed: 3/24/06

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>Dellie Wallers</u>	Latitude: <u>N 70° 49' 33.1"</u> Longitude: <u>-89° 03' 32.8"</u>
Mailing Address: <u>97 Bright Rd.</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey,
<u>Perkinston MS 39577</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 35 Twn 25 Rng 11W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Wiggins</u>

### Well Data

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

Date well drilling started: 3/24/06 Date well drilling completed: 3/24/06

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

Static Water Level: 12' feet above or below (circle one) land surface Date measured: 3/24/06

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

Hole depth: 75' Well depth: 72' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 62' feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 0008 inches Setting depth: From 62' feet to 72' 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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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 #: C-163

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

County: Stone

Permit #: \_\_\_\_\_

Driller: AL HARRINGTON

Date completed: 7/24/06

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>Debbie Walters</u>	Latitude: <u>N 30° 49' 33.1"</u> Longitude: <u>N 89° 03' 32.9"</u>
Mailing Address: <u>97 Bright Rd.</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>33</u>
<u>Perkingston MS 39573</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>35</u> Twn <u>25</u> Rng <u>11W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP JET</u>
Date Pump Installed: <u>7/24/06</u>	Setting Depth: <u>JET DET at 30'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2 stage jet</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/24/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>12'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>730</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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 BY: OLWR