

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 #: F-57
L. S. Elevation: _____
E-log #: _____

County: STONE
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 11/10/06

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>Mike Menese</u> | Latitude: <u>30° 47' 44.0"</u> Longitude: <u>-89° 10' 11.2"</u> |
| Mailing Address: <u>Cecil Daniels Rd</u> | Method of Lat/Long (circle one): <u>44</u> Conventional Survey, <u>11</u> |
| <u>Perkington, MS 39577</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 11 Twn 35 Rng 12W</u> |
| Telephone No. () _____ | Distance <u>2.5</u> Miles <u>W</u> Direction of <u>Perkington</u> Nearest Town |

Well Data

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

Date well drilling started: 11/10/06 Date well drilling completed: 11/10/06

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

Static Water Level: 55' feet above or below (circle one) land surface Date measured: 11/10/06

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

Hole depth: 140' Well depth: 140' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120' feet Casing diameter: 4" inches Type of casing: 4"

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

Screen slot size: .008 inches Setting depth: From 120' feet to 140' 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 RECEIVED
Signature of Water Well Contractor

NOV 30 2006
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 #: F- 57

Elevation: _____

County: STONE

Permit #: _____

Driller: AL HARRINGTON

Date completed: 11/10/06

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>Mike Menese</u> | Latitude: <u>30° 47' 44.0"</u> Longitude: <u>-89° 10' 11.2"</u> |
| Mailing Address: <u>Cecil Daniels Rd</u> | Method of Lat/Long (circle one): Conventional Survey, "44" |
| <u>Perkins, MS 39573</u> | USGS quad <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 11 Twn 35 Rng 12 W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>2.5 Miles W of Perkins</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: <u>2 HP</u> |
| Date Pump Installed: 4/5/06 <u>11/10/06</u> | Setting Depth: <u>100'</u> feet |
| Rated Pump Capacity: <u>406 PM</u> Gallons Per Minute | Number of Stages: <u>2HP sub pumps</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>11/10/06</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>55'</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>7100'</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

RECEIVED

NOV 30 2006
 BY: OLWR