

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: 6124
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 8/18/10

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>Victor Clark</u>		Latitude: <u>30° 47' 52"</u>	Longitude: <u>-89° 3' 25"</u>
Mailing Address: <u>820 City Bridge Rd</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Perkins MS</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>NE ¼ SE ¼ Sec 11 Twn 39 Rng 11W</u>	
Telephone No. () _____		Distance: <u>5</u> Miles	Direction: <u>NE</u> of Nearest Town: <u>Perkins MS</u>

Well Data

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

Date well drilling started: 8/18/10 Date well drilling completed: 8/18/10

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

Static Water Level: 30' feet above or below (circle one) land surface Date measured: 8/18/10

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

Hole depth: 116' Well depth: 116' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 106' feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 106' feet to 116' 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. Signature of Water Well Contractor

RECEIVED
SEP 17 2010
BY: [Signature]

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: <u>G124</u>	
Well #: _____	
Elevation: _____	

County: <u>Stone</u>
Permit #: _____
Driller: <u>AL HARRINGTON</u>
Date completed: <u>8/18/10</u>

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>Vinton Clark</u>	Latitude: <u>30°47'52"</u> Longitude: <u>-89°3'25"</u>
Mailing Address: <u>820 City Bridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Perkinston MS</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 11 Twn 35 Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5 Miles NE of Perkinston</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" 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): _____	House Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>8/18/10</u>	Setting Depth: <u>jet at 40'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2 stage jet Pump</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/18/10</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>30'</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.

<u>AL HARRINGTON #0-564</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer
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