

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 #: H-73
L. S. Elevation: _____
E-log #: _____

County: STONE
Permit #: _____
Driller: AL HARRINGTON
Date drilling completed: 4/13/09

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 Diamond</u>	Latitude: <u>30° 47' 40"</u> Longitude: <u>-88° 53' 39"</u>
Mailing Address: <u>298 Oak Hill 26E</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Perkinstein MS 39577</u>	USGS quad, <u>SW 1/4 SE 1/4 Sec 9</u> Twn <u>35</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>2</u> Miles <u>NE</u> of <u>Ramsey Springs</u>

Well Data

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

Date well drilling started: 4/7/09 Date well drilling completed: 4/13/09

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

Static Water Level: 47' feet above or below (circle one) land surface Date measured: 4/13/09

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

Hole depth: 640' Well depth: 630' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 4x2 200-4" feet Casing diameter: 200-4" 420" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 2" inches Type of screen: PVC panel

Screen slot size: .008 inches Setting depth: From 210' feet to 230' 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: 190' 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: _____

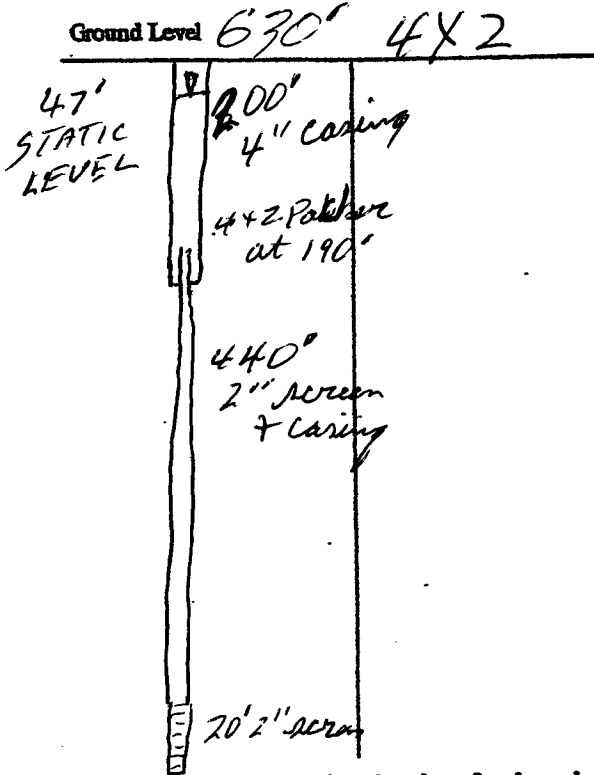
Name of organization running log(s): _____

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
MAY 20 2009
BY: OLWR

If well telescopes please sketch below and show depths.



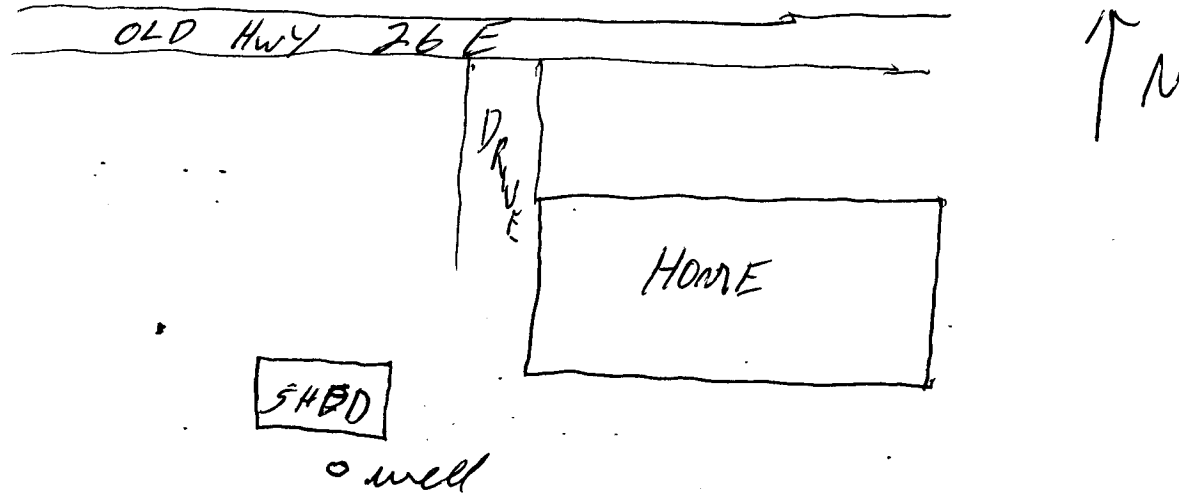
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Bumpy loam	0	2'
Bank sand	2	38'
Blue clay	38'	290'
Fine Blue Green sand	290	310
Blue Green Clay	310'	590'
Fine Green sand	590	603'
med sand	603'	640'

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Paul Darmond

Oliver Harrington
Signature of Water Well Contractor

RECEIVED
MAY 20 2009
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 #: <u>H-73</u>
Elevation: _____	

County: <u>STONE</u>
Permit #: _____
Driller: <u>AL HARRINGTON</u>
Date completed: <u>4/13/09</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>Paul Darnand</u>	Latitude: <u>30°47'40"</u> Longitude: <u>-88°53'39"</u>
Mailing Address: <u>298 Old Hwy 26E</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Perkinsdon MS 39573</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>9</u> Twn <u>35</u> Rng <u>9W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Ramey Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2HP</u>
Date Pump Installed: <u>4/13/09</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>2HP Dub 280 pumps Pump end</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/13/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>47'</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

RECEIVED
MAY 20 2009
BY: OLWR