

# 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)

County: Quitman  
Permit #: 6W 41095  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-22-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-33  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Doug Wiggs</u>	Latitude: <u>34.16.22.8</u> Longitude: <u>90.13.23.8</u>
Mailing Address: <u>250 Wiggs Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Marks, MS 38646</u>	SE 1/4 SE 1/4 Sec <u>20</u> Twn <u>9S</u> Rng <u>1E</u>
City <u>Marks</u> State <u>MS</u> Zip Code <u>38646</u>	NE NE Direction <u>30</u> 9S Nearest Town <u>1E</u>
Telephone No. ( ) <u>662-526-4740</u>	Distance <u>4</u> Miles <u>NE</u> of <u>Marks</u>
<u>662-444-1061</u>	

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> Replacement	
Date well drilling started: <u>5-22-06</u>	Date well drilling completed: <u>5-22-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>14'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>5-25-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Hole depth: <u>116</u>	Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>76</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>See Back</u> feet to _____ feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.	
Irrigation Equipment Inc. Patrick M. Chism 0695	<u>Patrick M. Chism</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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JUN 12 2006

BY: OLWR

### Ground Level

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

**Landowner Name:** \_\_\_\_\_

Patric M. Chiu  
Signature of Water Well Contractor

# 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)

County: Quitman  
Permit #: GW 41095  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 5-22-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-33  
Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Doug Wiggs</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>250 wiggs Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Marks, MS 38646</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE ¼ SE ¼ Sec 20 T 9S R 1E</u>
Telephone No. <u>662-526-4740</u>	Distance Direction Nearest Town
<u>662-444-1061</u>	<u>4 Miles NE of Marks</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-25-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ 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.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism  
Signature of Pump Installer

Form: OLWR-SWR-1B

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