

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 #: A-51
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Moores Water Well Service
Date drilling completed: 5-26-06

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

Owner Name: Danny Havard Sr.
Mailing Address: 91 Ivy Cott Rd
Perkingston MS 39573
City State Zip Code
Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 12 Twn 25 Rng 13W
Distance Direction Nearest Town
6 Miles West of Wiggins
off project Rd.

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5/25/06 Date well drilling completed: 5/26/06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 28 feet above or below (circle one) land surface Date measured: 5/26/06
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 57' Well depth: 57' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 47 feet Casing diameter: 2" inches Type of casing: PVC sch 40
Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC
Screen slot size: 108 inches Setting depth: From 47 feet to 57 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: Self-run
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.

Arnold Ray Moore 0533

Arnold Ray Moore

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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JUN 13 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 #: A-51

Elevation: _____

County: Stone

Permit #: _____

Driller: Moore's Water Well Service

Date completed: 5/26/06

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>Danny Havard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>91 Ivy Lott Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perkingston MS 39573</u>	_____ 1/4 _____ 1/4 Sec. <u>12</u> Twn. <u>2S</u> Rng. <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>6</u> Miles <u>West</u> of <u>Wiggins</u> <u>off Project Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/26/06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/26/06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>47.28</u> 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 <u>7</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7</u> 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>Arnold Ray Moore 05-33</u>	<u>Arnold Ray Moore</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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JUN 13 2006
BY: OLWR

