

# 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: Stone  
Permit #: \_\_\_\_\_  
Driller: Michael S. Harvard  
Date drilling completed: 06-08-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-70  
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>Beau Carpenter</u>	Latitude: <u>30° 52' 57"</u> Longitude: <u>89° 09' 51"</u>
Mailing Address: <u>1368 Magnolia Dr. N</u>	Method of Lat/Long (circle one): Conventional Survey, <u>35</u>
<u>Wiggins MS 39579</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>14</u> Twn <u>T2S</u> Rng <u>R12W</u>
Telephone No. <u>(601) 928-5814</u>	Distance Direction Nearest Town <u>1.5</u> Miles <u>N</u> of <u>Wiggins</u>

**Well Data**

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

Date well drilling started: 06-08-06 Date well drilling completed: 06-08-06

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 06-16-06

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

Hole depth: 144 Well depth: 144 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 134 feet Casing diameter: 4 inches Type of casing: PVC 540

Screen length: 10 feet Screen diameter: 4 inches Type of screen: WOP PVC

Screen slot size: .010 inches Setting depth: From 134 feet to 144 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.

Michael S. Harvard 0-693 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUN 23 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)

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date completed: 06-14-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-70  
 Elevation: \_\_\_\_\_

**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>Beau Carpenter</u>	Latitude: <u>30°52.57</u> Longitude: <u>89°09.59</u>
Mailing Address: <u>1368 Mag. Dr. N</u>	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad <u>Hand-held GPS</u> Survey-grade GPS
<u>Wiggins MS 39597</u>	<u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>T2S</u> Rng <u>R12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 928-5814</u>	<u>1.5</u> Miles <u>N</u> of <u>Wiggins</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>1.5</u>
Date Pump Installed: <u>06-14-06</u>	Setting Depth: <u>103</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u><del>06-14-06</del> 06-14-06</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>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>13</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael S. Harvard 0-693 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 JUN 23 2006  
 BY: OLWR