

# 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 #: B-77  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Moore's Water Well  
Date drilling completed: 12/14/06

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	Well Location
Owner Name: <u>H. Campbell MD.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>713 N Border</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wiggins, MS 39577</u>	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>25</u> Rng <u>12 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	_____ Miles _____ of <u>Wiggins</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Pond</u>	
Date well drilling started: <u>12/12/06</u>	Date well drilling completed: <u>12/14/06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>31</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>12/14/06</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>88'</u>	Well depth: <u>88'</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>78</u> feet	Casing diameter: <u>4</u> inches Type of casing: <u>PVC sch 40</u>
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.08</u> inches Setting depth: From <u>78</u> feet to <u>88</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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: <u>Self-run</u>	
Name of organization running log(s): <u>Moore's Water Well</u>	

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  
Print Name of Water Well Contractor and License No.

Arnold Ray Moore  
Signature of Water Well Contractor

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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 #: B-77

Elevation: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Moores Water Well  
Date completed: 12/14/06

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>H. Campbell MD.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>713 N Border</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wiggins, MS 39577</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>25</u> Rng <u>12W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ 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</u>
Date Pump Installed: <u>12/14/06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>31</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 _____ GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

Arnold Ray Moore 0533  
Print Name of Pump Installer and License No. (if applicable)

Arnold Ray Moore  
Signature of Pump Installer

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DEC 29 2006

BY: OLWR