

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

### For Office Use Only:

Well #: B96  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

RECEIVED

02-25-2021

BY OLWR

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>City of Wiggins</u>	Latitude: <u>N 30° 50' 12.87"</u> Longitude: <u>W 89° 8' 33.37"</u>
Mailing Address: <u>117 N. First St.</u> <u>Wiggins, MS 39577</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u> ¼ <u>SE</u> ¼, Sec <u>25</u> T <u>25</u> R <u>12V</u>
City _____ State _____ Zip Code _____	<u>0</u> Miles _____ of <u>Wiggins</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>11-2-20</u> Date drilling completed: _____ Hole depth: <u>1458</u> Hole diameter: <u>21"</u>
Location of the source of any surface water used for drilling: <u>Hydrant</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>TEACO</u>
Purpose of borehole (check one) <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: _____ (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>1380</u> Well grouted to a depth of: <u>1300</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>1306</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>
Screen length: <u>60</u> feet Screen diameter: <u>10"</u> inches Type of screen: <u>8x10 munipac</u>
Screen slot size: <u>.030</u> inches Setting depth: From <u>1320</u> feet to <u>1380</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____
Top of lap pipe or reduction in casing: <u>1218</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

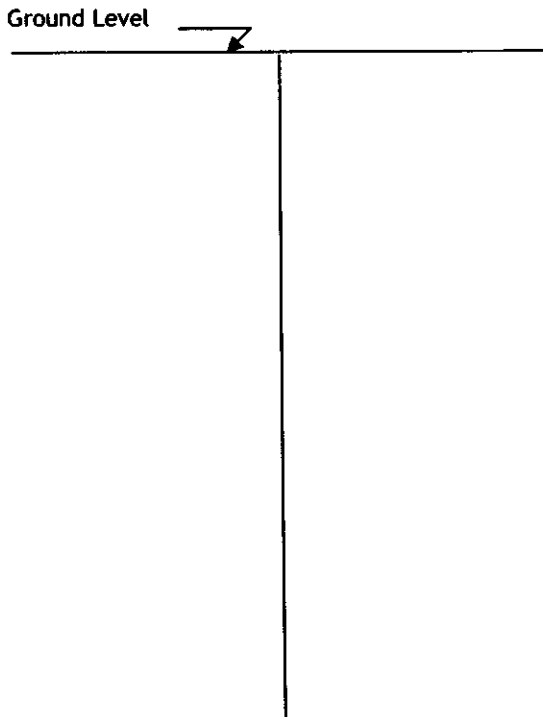
County: \_\_\_\_\_  
 Permit #: MS-GW-17456

**RECEIVED**  
 02-25-2021  
 BY OLWR

**For Office Use Only:**  
 Well #: B96

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Sand & Clay		180
Clay	180	280
Sand	280	310
Clay & sand	310	400
Clay	400	480
Clay & sand	480	580
Clay	580	680
sandy clay	680	720
Gravel	720	780
Clay & sand	780	860
sand & gravel	860	980
clay	980	1180
Sand	1180	1400
clay & sand	1400	1458

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) north arrow

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

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_ Signature of Licensee \_\_\_\_\_

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Stone  
 Permit #: MS-6W-17486  
 Driller: John W Thompson  
 Date completed: 3-15-21  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: B96  
 Aquifer: \_\_\_\_\_

*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>City of Wiggins</u>	Latitude: <u>30°50'14.87" Longitude: 89°8'33.37"</u>
Mailing Address: <u>117 N. First St.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Wiggins</u> <u>MS</u> <u>39577</u> City State Zip Code	_____ 1/4 _____ 1/4, Sec <u>25</u> T <u>2S</u> R <u>12W</u>
Telephone No. (____) _____	<u>0</u> Miles of <u>Wiggins</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 3-15-2021 Rated Pump Capacity: 1000 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 150 Setting Depth: 290 feet Number of Stages: 6

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-8-2021 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 169.6 Feet Below Land Surface Pumping Water Level (B): 247.7 Feet Below Land Surface

Drawdown [(B) - (A)]: 78.1 Feet Below Land Surface Test Pumping Rate: 1000 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

RECEIVED  
MAR 18 2021  
BY OLWF

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

John W Thompson 0-679 3-18-21 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
02-25-2021  
BY OLWR

MS-GW-17456

B96 Stone Co

Wiggins MS

16" casing set @ 1300'  
cemented 11-22

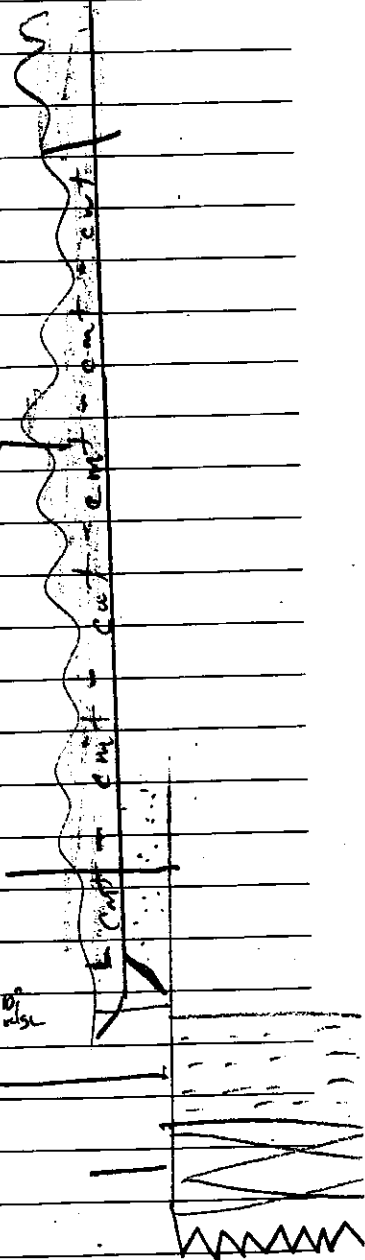
21" hole

10" steel Lap f/1214-1320

4" x 10" .030 mesh gal screen f/ 1320-1380

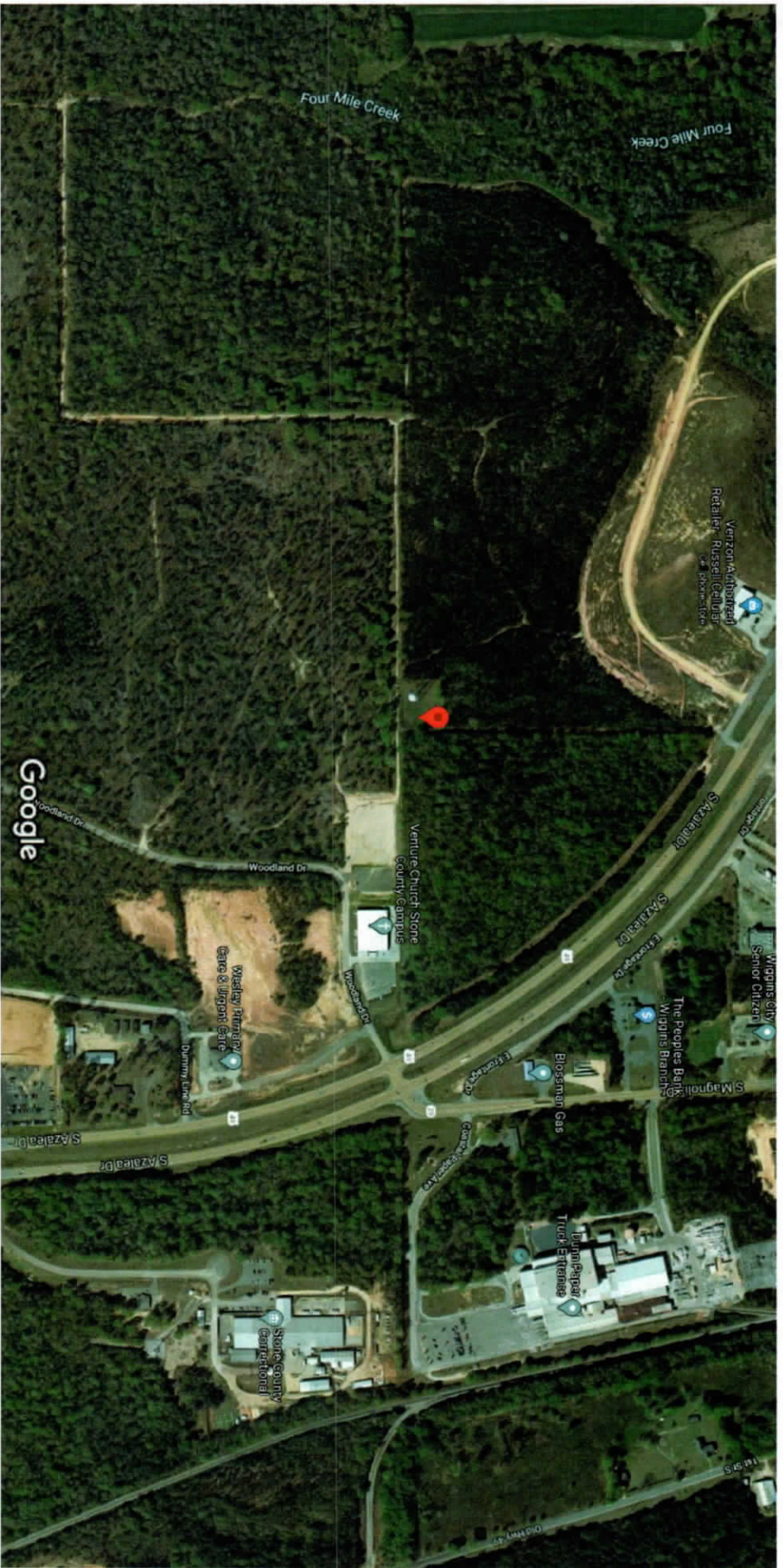
2-4" BWV's

8" x 10" surge





Google Maps 30°50'14.9"N 89°08'33.4"W



Imagery ©2020 Google, Imagery ©2020 Maxar Technologies, Mississippi GIS Coordinating Council, USDA Farm Service Agency, Map data ©2020

200 ft

MS-GW-17456  
B96 Stone Co

RECEIVED  
02-25-2021  
BY OLWR

Google Maps 30°50'14.9"N 89°08'33.4"W



MS-GW-17456

RECEIVED  
 02-25-2021  
 BY OLWR



(CARNES)



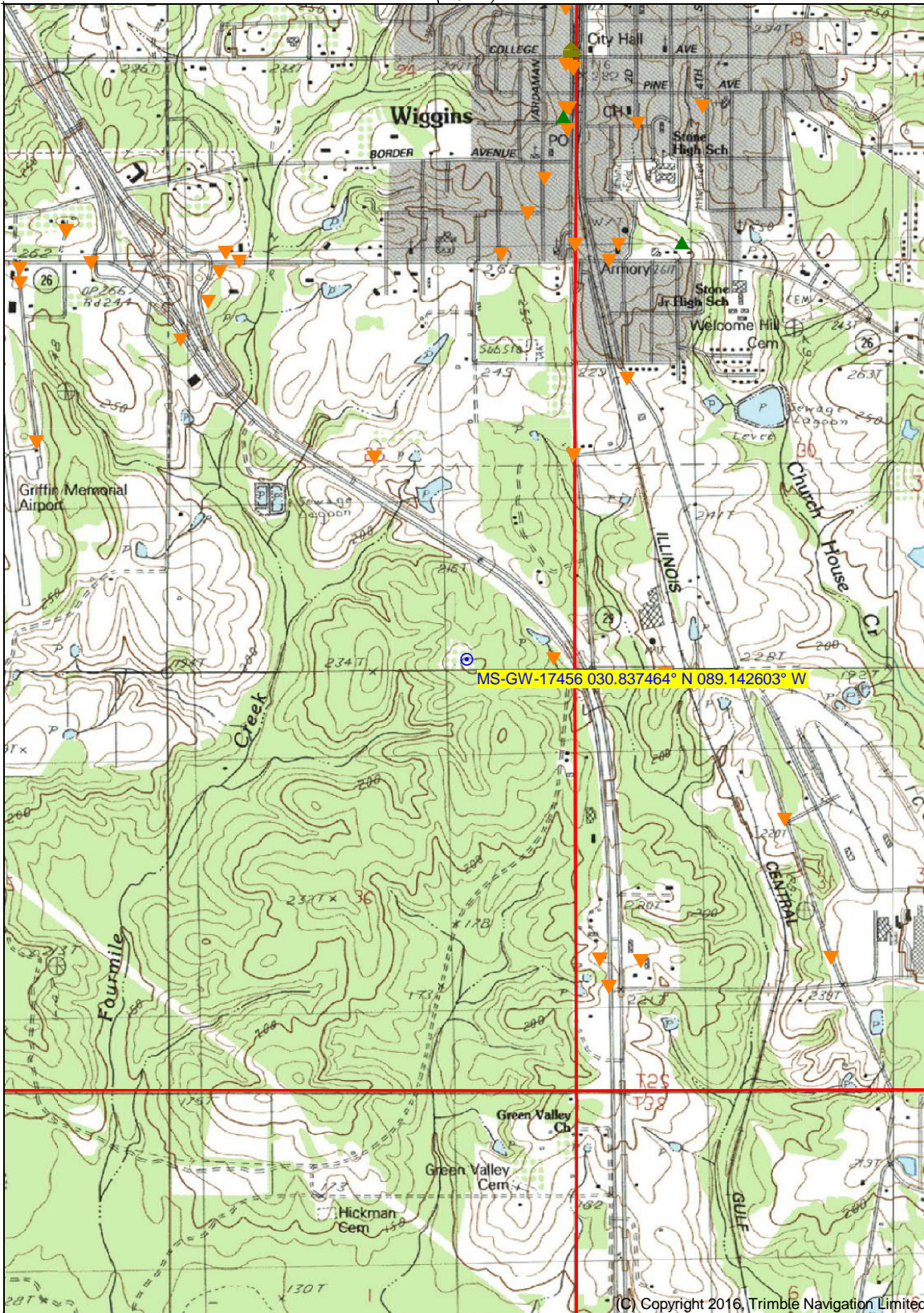
WIGGINS QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES

(BOND POND)

089° 09' 42.2870" W  
030° 51' 39.1999" N

(BOND)

089° 07' 24.4499" W  
030° 51' 39.1999" N



(BROWNS LAKE)

(WHITES CROSSING)

MS-GW-17456 030.837464° N 089.142603° W

030° 48' 51.5645" N  
089° 09' 42.2870" W

Printed: Thu Feb 25, 2021

030° 48' 51.5645" N  
089° 07' 24.4499" W

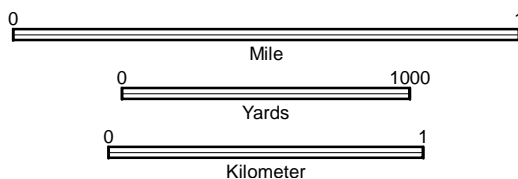
(C) Copyright 2016, Trimble Navigation Limited

(SILVER RUN)

Declination



(MC HENRY)  
SCALE 1:24000



CONTOUR INTERVAL 10 FT

(AIREY)

Produced by Trimble Terrain Navigator Pro  
Topography based on USGS 1:24,000  
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American  
1927 move the projection lines 21M N and  
5M W

30089-G2-TM-024  
WIGGINS, MS  
JAN 1, 1983