

# 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 #: C-139  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone 131  
Permit #: \_\_\_\_\_  
Driller: Boone's water well  
Date drilling completed: 8-2-04

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>Richard Erickson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1326 Big Four Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Wiggins MS 39577</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 24 Twn 2S Rng 11W</u>
Telephone No. ( ) <u>Not Available</u>	Distance Direction Nearest Town
	<u>8 Miles E of Wiggins</u>

### Well Data

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

Date well drilling started: 8-2-04 Date well drilling completed: 8-3-04

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other weighted rope

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: pvc sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc sch 40

Screen slot size: #8 inches Setting depth: From 100 feet to 120 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.

Johnny Pearrow D-656 Johnny Pearrow  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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# 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 #: C-139  
 Elevation: \_\_\_\_\_

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Boone's Waterwell  
 Date completed: 8-2-04

**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>Richard Erickson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1326 Big Four Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wiggins</u> <u>MS</u> <u>39577</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>24</u> Twn <u>25</u> Rng <u>11W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>E</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>8-2-04</u>	Setting Depth: <u>105</u> 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: <u>8-2-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	<input checked="" type="radio"/> <u>Other (specify):</u> <u>Weighted Rope</u>
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>20</u> feet after <u>14</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>14</u> hours	

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

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

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 SEP 03 2004  
 BY: OLWR