

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-141 131
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Moore's Water Well Service
Date drilling completed: 9-3-2004

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>Wayne Ferguson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Wayne Ferguson</u> <u>18 Friends hip lane</u> <u>Wiggins, MS 39577</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>2S</u> Rng <u>11W</u>
Telephone No. (____) _____	Distance _____ Miles <u>East</u> Direction of <u>Wiggins</u> Nearest Town

Well Data

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

Date well drilling started: 9-2-2004 Date well drilling completed: 9-3-2004

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

Static Water Level: 39 feet above or below (circle one) land surface Date measured: 9-3-2004

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

Hole depth: 80 feet Well depth: 80 feet Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 2 inches Type of casing: PVC Sch 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .08 inches Setting depth: From 75 feet to 80 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): _____

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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 0-0533
Print Name of Water Well Contractor and License No.

Arnold Ray Moore
Signature of Water Well Contractor

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: Moore's Water Well Service
Date completed: 9-3-2004

For Office Use Only:
Aquifer: _____
Well #: C-141
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>Wayne Ferguson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Wayne Ferguson</u> <u>18 Friendship Lane</u> <u>Wiggins, MS 39577</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>25</u> Rng <u>11W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>1</u> Miles <u>East</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>9-3-2004</u>	Setting Depth: <u>jet 60</u> feet
Rated Pump Capacity: <u>.6</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): _____ 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

Arnold Ray Moore 0-0533
Print Name of Pump Installer and License No. (if applicable)

Arnold Ray Moore
Signature of Pump Installer