

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-149
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Moore Water Well Service
Date drilling completed: 11/7/05

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>Katrice Lee</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>27 McCann Rd</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>29</u> Twn <u>2S</u> Rng <u>11W</u>
Telephone No. (_____) _____	Distance _____ Miles Direction <u>1/4 mile E</u> of Nearest Town <u>Wiggins</u>

Well Data

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

Date well drilling started: 11/5/05 Date well drilling completed: 11/7/05

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 11/7/05

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

Hole depth: 70' Well depth: 70' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 2 inches Type of casing: PVC sch 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .08 inches Setting depth: From 60 feet to 20 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): Moore Water Well Service

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 #: C-149

Elevation: _____

County: Stone

Permit #: _____

Driller: Moores Water Well Service

Date completed: 11/7/05

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>Katrice Lee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>27 McCann Rd</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>29</u> Twn <u>25</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>1/4</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 <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11/7/05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

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): <u>40'</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 <u>6</u> GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 0533
Print Name of Pump Installer and License No. (if applicable)

Arnold Ray Moore
Signature of Pump Installer

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