

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-157
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Mik
Date drilling completed: 1-18-06

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>Curt Pasgett</u>	Latitude: <u>30.49.283N</u>	Longitude: <u>089.14.958W</u>	
Mailing Address: <u>43 M^r Donald Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS		
<u>Perkington Ms</u>	1/4 Sec <u>34</u>	Twn <u>T25</u>	Rng <u>R11W</u>
City State Zip Code	Distance <u>3</u> Miles	Direction <u>SE</u>	Nearest Town <u>Wiggin</u>
Telephone No. ()			

Well Data

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

Date well drilling started: 1-18-06 Date well drilling completed: 1-18-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 90 feet to 100 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.

Michael R. Truford 0408
Print Name of Water Well Contractor and License No.

Michael R. Truford 0408
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

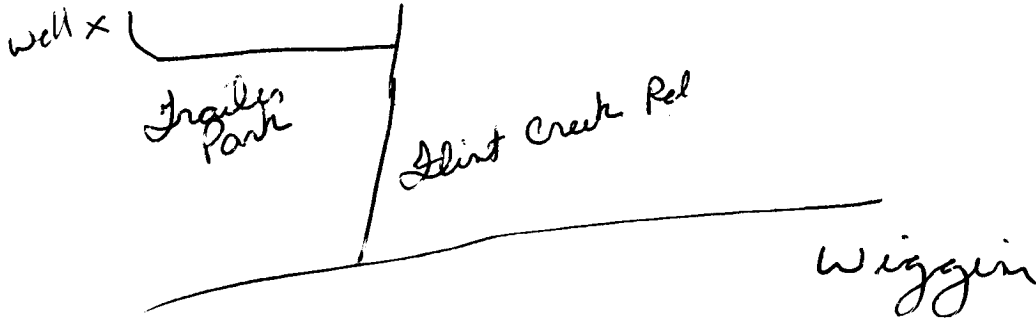
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	25
sand	25	28
Clay	28	30
sand	30	45
Clay	45	46
sand	46	53
Clay	53	55
sand	55	62
Clay	62	63
sand	63	100

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) indicate direction.



Signature of Owner

Curt Paggott

Michael R Fryfoz

Signature of Water Well Contractor

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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: Mike
 Date completed: 1-25-06

For Office Use Only:

Aquifer: _____
 Well #: C-157
 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>Curt Pageatt</u>	Latitude: <u>30 49 28.3N</u> Longitude: <u>089 14 75.8W</u>
Mailing Address: <u>43 ME Donald Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Perkingston Ms</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>34</u> Twn <u>T 25</u> Rng <u>R 11W</u>
Telephone No. ()	Distance Direction Nearest Town
	<u>3</u> Miles <u>SE</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift <input type="radio"/> Submersible <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____
Date Pump Installed: <u>1-25-06</u>	Horse Power Rating of Motor: <u>2</u>
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Setting Depth: <u>100'</u> feet
	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-25-06</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	<u>20</u> feet after <u>1 1/2</u> hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael R Fryfogle 0408 Michael R Fryfogle 0408
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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