

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-158
L. S. Elevation: _____
B-log #: _____

County: Stone
Permit #: _____
Driller: Mike
Date drilling completed: 1-19-06

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 Paggett</u>	Latitude: <u>30.49.283N</u>	Longitude: <u>98.14.755W</u>	
Mailing Address: <u>43 McDonald Rd</u>	Method of Lat/Long (circle one): <u>17</u> Conventional Survey, <u>45</u>		
<u>Perkingston Ms</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>34</u> <u>34</u> Sec <u>34</u> Twn <u>T25</u> Rng <u>R11W</u>		
Telephone No. ()	Distance <u>3</u> Miles	Direction <u>SE</u>	Nearest Town <u>Wiggins</u>

Well Data

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

Date well drilling started: 1-19-06 Date well drilling completed: 1-19-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 1-19-06

Method of Measurement (circle one) steel tape electric tape air 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: 10 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 Fry Eagle 0408
Print Name of Water Well Contractor and License No.

Michael R Fry Eagle 0408
Signature of Water Well Contractor

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BY: OLWR

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-158

Elevation: _____

County: Itaw
 Permit #: _____
 Driller: Mih
 Date completed: 1-25-06

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

Owner Name: Curt Pagent
 Mailing Address: 43 MS Dondle Rd
Perkingston MS
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30 49 28.3N Longitude: 089 14 75.8W
17 45
 Method of Lat/Long (circle one): Conventional Survey.
 USGS quad, Hand-held GPS, Survey-grade GPS
 1/4 1/4 Sec 34 Twn T2S Rng R11W
 Distance Direction Nearest Town
3 Miles SE of Wiggins

Pump Type
 Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 1-25-06
 Rated Pump Capacity: 19 Gallons Per Minute

Power Type
 Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 2
 Setting Depth: 100 feet
 Number of Stages: 12

Pump Test Data

Date Well Tested: 1-25-06
 Static Water Level (A): 50 Feet Below Land Surface
 Pumping Water Level (B): 70 Feet Below Land Surface
 Drawdown [(B) - (A)]: 20 Feet Below Land Surface
 Test Pumping Rate: 30 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 30 GPM with a drawdown of
20 feet after 2 1/2 hours of pumping

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

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

Michael R Fryfogle 0408
 Signature of Pump Installer

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 FEB 16 2006
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