

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)

County: Stone
Permit #: _____
Driller: Moore's Water Well Service
Date drilling completed: 10/25/06

For Office Use Only:
Aquifer: _____
Well #: D-46
L. S. Elevation: _____
E-log #: _____

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>Billy J. Anderson</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>42 Pine Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wiggins</u> <u>MS</u> <u>39527</u>	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>2S</u> Rng <u>10W</u>
City State Zip Code	Distance <u>10</u> Miles <u>ENE</u> of <u>Wiggins</u>
Telephone No. (_____) _____	Direction Nearest Town

Well Data

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

Date well drilling started: 10/24/06 Date well drilling completed: 10/25/06

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 10/25/06

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

Hole depth: 65' Well depth: 65' 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: PVCsch 40

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

Screen slot size: .08 inches Setting depth: From 60 feet to 65 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's Water Well

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 #: D-46

Elevation: _____

County: Stone

Permit #: _____

Driller: Moore's Water Well

Date completed: 10/25/06

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	Well Location
Owner Name: <u>Billy Anderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>42 Pine Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wiggins, MS 39577</u>	_____ ¼ _____ ¼ Sec <u>9</u> Twn <u>25</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>10</u> Miles <u>NE</u> of <u>Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: _____	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: <u>10/25/06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>27</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>7</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> 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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