

State Well Report

Part 1

County: Stone
Permit #: _____
Driller: Moore's Water Well Service
Date drilling completed: 3-6-06

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 #: G-108
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>Paul Bolling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1177</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>14</u> Twn <u>35</u> Rng <u>11W</u>
Telephone No. <u>(601) 466-3398</u>	Distance _____ Miles _____ Direction <u>NE</u> of Nearest Town <u>Perkingston</u> <u>up from City Bridge</u>

Well Data

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

Date well drilling started: 3-3-06 Date well drilling completed: 3-6-06

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 3-6-06

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

Hole depth: 64' Well depth: 64' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 59 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: 108 inches Setting depth: From 59' feet to 64 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.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

G-108

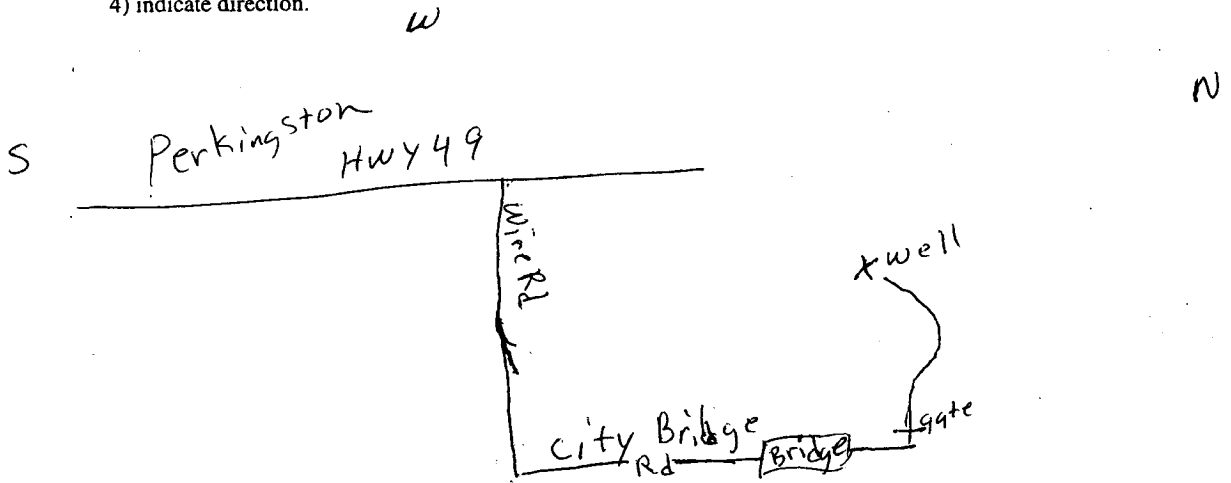
Ground Level

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Description of Formations Encountered	From	To
Topsoil	1'	2'
red+white gumbo clay	2'	12'
white soapstone	12'	15'
white sand	15'	30'
light red sand	30'	55'
per gravel	55'	64'

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.



Landowner Name: Paul Bolling

Signature of Water Well Contractor

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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: Moores Water Well Service
Date completed: 3-6-06

For Office Use Only:
Aquifer: _____
Well #: G-108
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>Paul Bolling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1177</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>14</u> Twn <u>3S</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 466-3398</u>	<u>6</u> Miles <u>NE</u> of <u>Perkingston</u> <u>4p from City Bridge</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input 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 horse</u>
Date Pump Installed: <u>3-6-06</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: <u>3-6-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>-6</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>8</u> 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 0533
Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer

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