

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 #: G-112
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Moore's Water Well
Date drilling completed: 6/28/06

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>Kent Hatten</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Mailing Address: <u>47 Paramount Ch. Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perkingston MS 39573</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>3S</u> Rng <u>11W</u>	Telephone No. (_____) _____	Distance <u>6.5</u> Miles <u>EAST</u> of Nearest Town <u>Wiggins</u> <u>Big Level</u>
Well Data			
Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: <u>COWS</u>	Date well drilling started: <u>6/28/06</u>	Date well drilling completed: <u>6/28/06</u>	RECEIVED JUL 11 2006 BY: OLWR
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>46'</u> feet above or below (circle one) land surface	Date measured: <u>6/28/06</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>90'</u> Well depth: <u>90'</u> Well grouted to a depth of <u>10'</u> feet	Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC sch 40</u>	Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>.08</u> inches Setting depth: From <u>80</u> feet to <u>90</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>Moore's Water Well</u>			
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.			
<u>Arnold Ray Moore 0533</u> Print Name of Water Well Contractor and License No.		<u>Arnold Ray Moore</u> Signature of Water Well Contractor	

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: Moore's Water Well
 Date completed: 6/28/06

For Office Use Only:

Aquifer: _____
 Well #: G-112
 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>Kent Hatten</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>47 Paramount Ch. Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Perkingston, MS 39573</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ ¼ _____ ¼ Sec <u>11</u> Twn <u>3S</u> Rng <u>11W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>6.5</u> Miles <u>East</u> of <u>Wiggins</u> <u>Big Level</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>6/28/06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/28/06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>46</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
Test Pumping Rate: <u>7</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 Arnold Ray Moore
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer