

# 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-113  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Moore's Water Well Service  
Date drilling completed: 7/12/06

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.

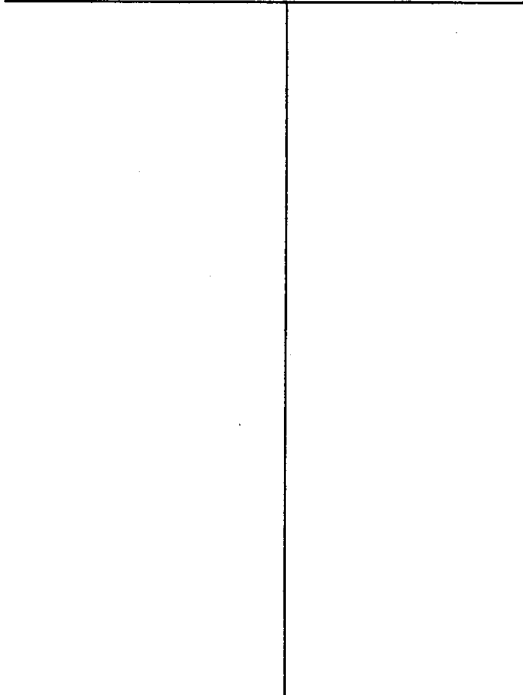
Well Owner Information	Well Location
Owner Name: <u>Timothy Bond</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>P.O. Box 134</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perkingston, MS 39573</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>35</u> Rng <u>11W</u>
Telephone No. (_____) _____	Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Wiggins</u> <u>Big Level Comm</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>7/10/06</u> Date well drilling completed: <u>7/12/06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>12'</u> feet above or below (circle one) land surface Date measured: <u>7/12/06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>60'</u> Well depth: <u>60'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>50'</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>.08 PVC</u>	
Screen slot size: <u>.08</u> inches Setting depth: From <u>50</u> feet to <u>60</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: <u>Self-run</u>	
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

RECEIVED  
AUG 01 2006  
BY: OLWR

If well telescopes please sketch below and show depths.

G-113

Ground Level



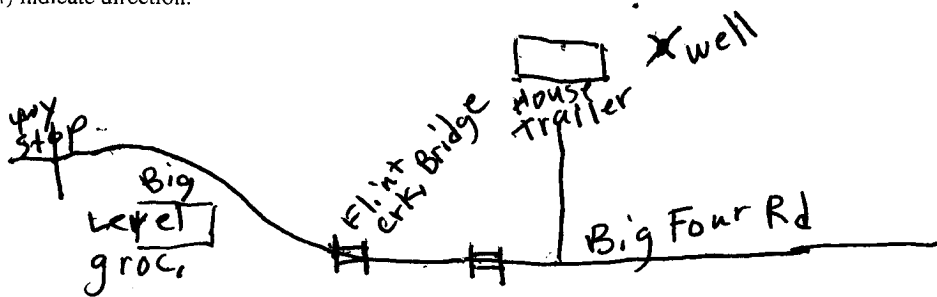
Description of Formations Encountered

From To

top soil	1'	2'
red sandy clay	2'	10'
white soapstone	10'	20'
white sand & gravel	20'	let

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: Timothy Bond

Arnold Jay Moore  
Signature of Water Well Contractor

RECEIVED  
AUG 01 2006  
BY: OLWR

RECEIVED  
AUG 11 2006  
BY: OLWH

# 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: 7/12/06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-113  
 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>Timothy Bond</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 134</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>3</u> Twn <u>3S</u> Rng <u>11W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town <u>3.5</u> Miles <u>SE</u> of <u>Wiggins</u> <u>Big Level Comm.</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: _____	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>7/12/06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>12'</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): <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

**RECEIVED**  
 AUG 01 2006  
 BY: OLWR