

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-115
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: _____
Date drilling completed: 2/20/07

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: _____	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "
Mailing Address: <u>Ray Cooley</u> <u>134 N Critz St.</u> <u>Wiggins, MS 39577</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>35</u> Rng <u>11W</u>
Telephone No. (_____) _____	Distance _____ Miles Direction _____ of Nearest Town _____ <u>2</u> Miles <u>S</u> of <u>Big Level</u> <u>on Red Creek</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2/16/07</u> Date well drilling completed: <u>2/20/07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>1'8"</u> feet above or below (circle one) land surface Date measured: <u>2/20/07</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>	
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>1/8" 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): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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>	<u>Arnold Ray Moore</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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G-115

If well telescopes please sketch below and show depths.

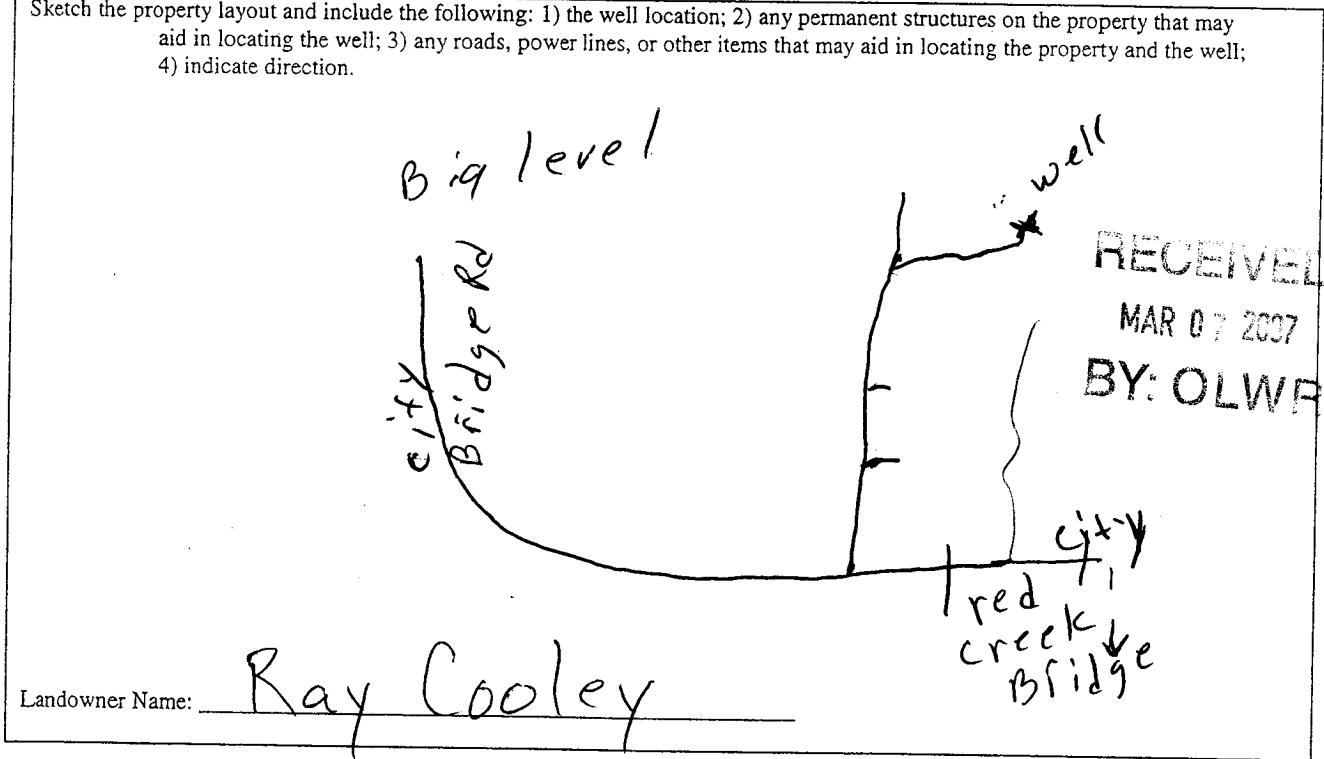
Ground Level

[Empty sketch area for well telescopes]

Description of Formations Encountered	From	To
top soil	1'	2'
Sandy white creek settlement	2'	20'
white sand + gravel	30'	30'
white soapstone	30'	35'
white sand + pe gravel	35'	90'

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.



Arnold Ray Moore
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: _____
 Date completed: 2/20/07

For Office Use Only:

Aquifer: _____
 Well #: G-115
 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>Ray Cooley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>134 N Critz St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wiggins, MS 39577</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>S</u> of <u>Big level</u> <u>on Red creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" 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 house</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: <u>10</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>2/20/07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>1'8"</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: _____ 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 05-33 arnold ray moore
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer