

# State Well Report

## Part I

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-119  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Heath Williams  
Date drilling completed: 12/14/07

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: <u>Charles Jackson</u>	Latitude: <sup>N</sup> <u>30° 46' 55"</u> Longitude: <sup>W</sup> <u>89° 8' 47"</u>
Mailing Address: <u>1258 Hwy 49 N</u>	Method of Lat/Long (circle one): <u>OS</u> Conventional Survey, <u>OS</u>
<u>Perkinston ms 39573</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 19 Twn T35 Rng R11W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Perkinston, MS</u>

**Well Data**

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

Date well drilling started: 12-12-07 Date well drilling completed: 12-14-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 12-14-07

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 2 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: 0.010 inches Setting depth: From 140 feet to 150 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: Visual

Name of organization running log(s): \_\_\_\_\_

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.

Heath S. Williams 0-790

Heath S. Williams

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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JAN 14 2008  
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)

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Heath Williams  
 Date completed: 12/14/07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-119  
 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>Charles Jackson</u>	Latitude: <u>N 30° 46' 55"</u> Longitude: <u>W 89° 8' 47"</u>
Mailing Address: <u>1258 Hwy 49 N</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Perkinston Ms. 39573</u>	<input checked="" type="radio"/> USGS quad <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 19 Twn T35 Rng R11W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1 Miles South of Perkinston, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>12-14-07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-14-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>48</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: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Heath S. Williams 0-790 Heath S. Williams  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 14 2008  
 BY OLWR