

# 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 #: H-53  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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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>Troy Morgan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1036 Hwy 15</u> <u>city Perkingston, MS</u> <u>State 39573</u> <u>City State Zip Code</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 32 Twn 3S Rng 9W</u>
Telephone No. (____) _____	Distance <u>2</u> Miles Direction <u>South</u> of Nearest Town <u>Ramsey Springs</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-8-04</u> Date well drilling completed: <u>11-10-04</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>11'</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>11-9-04</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>65'</u> Well depth: <u>65'</u> Well grouted to a depth of <u>10'</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>60'</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC sch 40</u>	
Screen length: <u>5'</u> feet Screen diameter: <u>2 3/8</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.08</u> inches Setting depth: From <u>60'</u> feet to <u>65'</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): _____	
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 0-533</u> Print Name of Water Well Contractor and License No.	<u>Arnold Ray Moore</u> Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

A-53

Description of Formations Encountered	From	To
top soil	1'	2'
red sandy clay	2'	5'
white sand & gravel	5'	10'
white soapstone	10'	30'
coarse white sand	30'	45'

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.

A hand-drawn sketch of a property layout. A horizontal line represents the main road. A vertical line labeled 'grave rd' intersects it from the top. A vertical line labeled 'Hwy 26' intersects it from the right. A bracketed section of the road is labeled 'red creek'. A distance of '5 2 miles' is marked between the 'grave rd' and 'red creek'. Below the road, a square labeled 'His House' is connected to a line labeled 'power line for House'. An 'x' labeled 'well' is marked on the road between the house and the creek. The area between the creek and the highway is labeled 'Ramsey Springs'.

Landowner Name: Troy Morgan

Arnold Ray Moore  
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: Moore's Water Well Service  
 Date completed: 11-10-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-53  
 Elevation: \_\_\_\_\_

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**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>Troy Morgan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Troy Morgan</u> <u>1036 Hwy 15</u> <u>Perkingston, MS 39573</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>32</u> Twn <u>35</u> Rng <u>9W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Ramsey Springs</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 Horse</u>
Date Pump Installed: <u>11-10-04</u>	Setting Depth: <u>40'</u> 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: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>11'</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): _____ hours	

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

Arnold Ray Moore 0-533 Arnold Ray Moore  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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