

# 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)

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Michael S. Havard  
Date drilling completed: 6-18-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-57  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Ronnie Tanner</u>	Latitude: <u>30° 47' 51.6"</u> Longitude: <u>89° 00' 83.6"</u>
Mailing Address: <u>600 O'Neal Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>50</u>
<u>Perkingston MS 39573</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 17</u> TwN <u>T3S</u> Rng <u>R10W</u>
Telephone No. <u>(601) 928-4818</u>	Distance Direction Nearest Town <u>6.5</u> Miles <u>SE</u> of <u>Wiggins</u>

**Well Data**

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

Date well drilling started: 6-18-05 Date well drilling completed: 6-18-05

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 6-18-05

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

Hole depth: 76 Well depth: 76 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 2 inches Type of casing: PUC 540

Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PUC

Screen slot size: .006 inches Setting depth: From 66 feet to 76 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: \_\_\_\_\_

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.

Michael S. Havard 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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JUN 30 2005  
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: Michael S. Havard  
 Date completed: 9-16-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-57  
 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>Ronnic Tanner</u>	Latitude: <u>N 30° 47.590</u> Longitude: <u>W 89° 00.836</u>
Mailing Address: <u>600 ONeal Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Perkingston MS 39573</u>	_____ ¼ _____ ¼ Sec <u>17</u> Twn <u>T3S</u> Rng <u>R10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 928-4818</u>	<u>6.5</u> Miles <u>SE</u> of <u>Wiggins</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</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-18-05</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>21</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael S. Havard 0-673 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 OCT 06 2005  
 BY: OLWR