

# 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: Moore's Water Well  
Date drilling completed: 11/20/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J-19  
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>John Barnes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>479 Ridge Rd</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>17</u> Twn <u>4S</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance <u>10</u> Miles Direction <u>NWSE</u> of Nearest Town <u>Perkingston</u>

**Well Data**

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

Date well drilling started: 11/13/06 Date well drilling completed: 11/20/06

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

Static Water Level: 124 feet above or below (circle one) land surface Date measured: 11/20/06

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

Hole depth: 290' Well depth: 290' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 10 feet Casing diameter: 2 inches Type of casing: PVC sch 40

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

Screen slot size: .08 inches Setting depth: From 280 feet to 290 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: Self-run

Name of organization running log(s): Moore's Water Well

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.

Arnold Ray Moore 0533  
Print Name of Water Well Contractor and License No.

Arnold Ray Moore  
Signature of Water Well Contractor

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NOV 27 2006

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: Moore's Water Well  
Date completed: 11/20/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J-19  
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>John Barnes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>479 Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perkingston, MS 39577</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>4S</u> Rng <u>18 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>10</u> Miles <u>SE</u> of <u>Perkingston</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>1/2</u>
Date Pump Installed: <u>11/20/06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/20/06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>124</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>4</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 DS33 Arnold Ray Moore  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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NOV 27 2006  
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