

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: 6248
Well #:
L.S. Elevation:
E-log #:

County: Washington
Permit #: GW-46164
Driller: Irrigation Equipment
Date drilling completed: 07/30/2012

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) and Well or Borehole Location. Includes fields for Owner Name (Russell W, Stigall), Mailing Address (P.O. Box 4466, Greenville, Ms 38704), Telephone No., Latitude (33° 16' 49"), Longitude (91° 02' 10"), Method of Lat/Long (Hand-held GPS), and Distance/Direction (North of Wayside).

Well / Borehole Data

Well / Borehole Data section including Date drilling started/completed (07/30/2012), Hole depth (93), Hole diameter (24"), Location of source (Surface Water), Method of dosing (50 PPM), Logs run (No log run checked), Purpose of borehole (Water Well checked), and a note: 'If drilling is not related to water well construction, skip the remainder of this block'.

Purpose of Well (Irrigation checked), Static Water Level (25 feet above or below surface, measured 07/31/2012), Method of Measurement (steel tape checked), Well depth (93), Well grouted to a depth of 10 feet, Type of grout (Bentonite checked), Casing length (53' 4 6/8), Casing diameter (16 inches), Type of casing (PVC), Screen length (40), Screen diameter (16 inches), Type of screen (PVC), Screen slot size (.050 inches), Setting depth (47' 4 6/8 to 86 feet), Type of completion (Gravel packed checked).

Form: OLWR-SWR-1A (04/08)



# STATE WELL REPORT

6348

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601) 961-5210  
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Washington  
Permit #: GW-46164  
Driller: Irrigation Equipment  
Date drilling completed: 07/31/2012  
*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Russell W. Stigall</u>	Latitude: <u>33 16' 49.3 N</u> Longitude: <u>91 02' 10.0 W</u>
Mailing Address: <u>P.O. Box 4466</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Greenville</u> <u>Ms</u> <u>38704</u>	<u>IR</u> ¼ <u>IR</u> ¼ Sec <u>4</u> T <u>17N</u> R <u>8W</u>
City                                      State                      Zip code	Distance                      Direction                      Nearest Town
Telephone No. (    ) -    _____	_____ Miles <u>North</u> of <u>Wayside</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>07/31/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>1600+/-</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

This is for (check one):     New Well                       Replacement of Existing Pump                       Repair of Existing Pump

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

Patrick Chism                                      0695  
Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer