

# State Well Report

## Part 1 - Driller's Log

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: CHICKASAW  
Permit #: \_\_\_\_\_  
Driller: JACKS & PARKS WELL SERVICE INC  
Date drilling completed: 7-28-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: A-25  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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)	Well or Borehole Location
Owner Name: <u>JAMES BERRY</u>	Latitude: <u>3A° 02' 19"</u> Longitude: <u>89° 04' 10"</u>
Mailing Address: <u>SUITE 2000</u> <u>REPUBLIC CENTER</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CHATTANOOGA TN 37450</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 15 Twn 12 S Rng 2 E</u>
Telephone No. <u>(423) 756-2771</u>	Distance Direction Nearest Town <u>3</u> Miles <u>WEST</u> of <u>HOULKA</u>

**Well / Borehole Data**

Date drilling started: 7/25 Date drilling completed: 7/28 Hole depth: 310 Hole diameter: 8

Location of the source of any surface water used for drilling: TOWN OF HOULKA  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
Seismic Survey  Other (describe) \_\_\_\_\_

**If drilling is not related to water well construction, skip the remainder of this block**

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

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

Static Water Level: 112 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 310 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/12 inches Setting depth: From 260 feet to 310 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 next page**

Form: OLWR-SWR-1A

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OFFICE OF LAND AND WATER RESOURCES  
JACKSON, MISSISSIPPI



# 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: CHICKASAW  
 Permit #: \_\_\_\_\_  
 Driller: MARKS & PARKS WELL SERVICE INC  
 Date completed: 7-28-05  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-25  
 Elevation: \_\_\_\_\_

*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>JANE BERRY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SUITE 2000</u> <u>REPUBLIC CENTER</u> <u>CHATTANOOGA TN 37450</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>S 1/2 NE 1/4 Sec 15 T 12 S R 2 E</u>
Telephone No. <u>(423) 756-2771</u>	Distance Direction Nearest Town <u>3 Miles WEST of HOULKA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: _____	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>26</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/27/05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>112</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>68</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>68</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

Rayburn Parks 0-414 Print Name of Pump Installer and License No. (if applicable)      Rayburn Parks Signature of Pump Installer