	State Well Report	
Commen Phis was a 3	Part 1 – Driller's Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	
	Office of Land and Water Resources	Well #: 4 26
Driller: MRKS + PARKS WELL SERI	P.O. Box 10631	
Date drilling completed: 7-20-05	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
Date talking completed.	(601)354-6938 (fax)	E-log #:
	t be prepared by the license holder responsible for within 30 days of completion of drilling of the we	the work and filed with the ll or borehole.
Information on Well C		Sorehole Location
(Landowner if borehole is not fo	Latitude: 34 ° 02 ' 23	5" Longitude: 89 ° 04 ' 1 3 "
Owner Name SAMES BERR	4	
Mailing Address: SuiTE 200	/ I Method of Lat/Long (circle)	one): Conventional Survey,
	1 USGS quad Hand-hel	d GPS, Survey-grade GPS
REPUBLIC C	ENTER	T- 12 C D- 2 F
Charrano og A City Stat	1 7 72 74 7872 74 500 73	Twn <u>/2.5</u> Rng <u>2.E</u>
City Stat		
Telephone No. (423) 756 270	3 Miles WEST	of HouseA
Telephone No. (134)		
1 1	Well / Borehole Data	
Date drilling started: 7/20/65 Date dri	lling completed: 7/22/05 Hole depth: 310	Hole diameter: 8"
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling: Town of House	
Logs run (circle all applicable): (No log rur Name of organization running log(s):	Electric Gamma Ray Density Sonic Neutron	Other:
Purpose of borehole (check one): Water We	ell _ Geotechnical/Geological Investigation _ Grour	d Source Heat Pump
Seismic S	SurveyOther (describe) to water_well construction, skip the remainder of this b	lock
		1
	ndustrial Public Supply Irrigation Fish Culture	i
If a flowing well, method of flow regulation	n: Valve Other (describe)	
Static Water Level: //2 feet ab	ove or below (circle one) land surface Date measured	
Method of Measurement (circle one) sta	eel tape electric tape air line other:	
Well depth: 3/0 Well grouted to a dep	oth of 50 feet Type of grout (circle one) Neat Cer	ment Bentonite Mix
Casing length: 260 feet Casin	g diameter:inches Type of casing: _	PUC
Screen length: 50 feet Screen	en diameter: 4 inches Type of screen:	PUC
Screen slot size: , 012 inches	Setting depth: Fromfeet to	310 feet
Type of completion (circle all applicable):	Gravel packed Underreamed Telescoped Open	n 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

If well telescopes, show dept	<u>hs on ske</u>	<u>tch</u> .	
Ground Level			
CENTER	-5		ξ
CASing	7		}
GADURL	1.		
SCREEN			,
	, L		•
ì			

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
TOP SOIL CLAY ROLK +SAND SAND	i i	7
CLAY	4 200 220	200 220 310
ROCK +SANO	200	220
SAWO	220	310
		<u> </u>

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) a north arrow.	
	-
	1
7711	
- William House	
L. House	
MHOUSE NY 32	
Landowner Name: VAME BERRY	
Form: OLWR-SWF	⊼- (Α

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

Part 2

County: CHICKASAW Permit #:

Driller: PARKS HORES WELL SERVE

Date completed: 7-21-05

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)061-5210

For Office Use Only:	
Aquifer:	
well #: <u>A. 2</u> 6	
Elevation:	

1	(601)961-5210 01)354-6938 (fax) Elevation:	
Copy information from block on Part 1	01)354-6938 (fax)	
This part of the report must be completed by a licensed water report must be attached and both parts filed with the Departm	well contractor or a licensed pump installer. A copy of Part 1 of the ent at the above address within 30 days of well completion.	
Well Owner Information	Well Location	
Owner Name: JAMES BERRY	Latitude:Longitude:	
Mailing Address: Sur 2000	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 5E 1/2 S R 2E	
REPUBLIC CENTER		
Charranooga TN 37450 City State Zip Code		
City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	3 Miles WKST of HOULKA	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Heetric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:5	
Date Pump Installed:	Setting Depth: 210 feet	
Rated Pump Capacity: 40 Gallons Per Minute	Number of Stages: 24	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 7/31/05	and the state of t	
Static Water Level (A): //2 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:& Seet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: 40 Gallons Per Minute	Well yielded 40 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		
I HEREBY CERTIFY that the above statements are true to the bo	est of my knowledge	
XAUDURN TALLES 0-414	Namber tak	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-	