

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: T-71  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Mike J Wood  
Date drilling completed: 1-6-08

*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.*

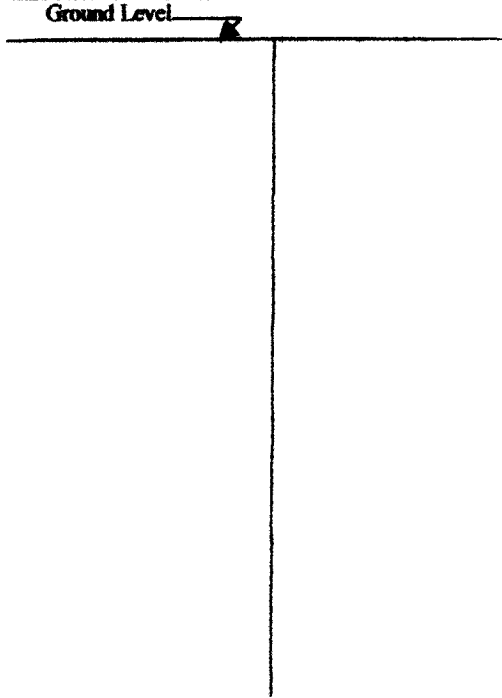
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Vearlin Crews</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>104120 Sidney Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Paer Christian Ms 39571</u>	____ 1/4 ____ 1/4 Sec <u>10</u> Twn <u>T1N</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>6</u> Miles <u>S</u> of <u>Leaksville</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>1-6-08</u> Date drilling completed: <u>1-6-08</u> Hole depth: <u>30</u> Hole diameter: <u>4 1/2</u>	
Location of the source of any surface water used for drilling: <u>NONE</u>	
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 <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>8</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>30</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>25</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC 40</u>	
Screen length: <u>5</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC wrapped</u>	
Screen slot size: <u>10</u> inches Setting depth: From <u>25</u> feet to <u>30</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of tap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Sand	0	3
Clay	3-	8
Sand	8-	22
Clay	22	23
Sand	23	30

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.

Landowner Name: Verline Cuervas

Form: OLWR-SWR-1A

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 laws.

Print Name of Responsible Licensee and License No. Michael R Fry / 10408 Date 1-6-08

Signature of Licensee Michael R Fry

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# 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: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael Wood  
 Date completed: 1-8-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T-71  
 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>Vearlin Cuernan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>104120 Sidney Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian Ms 39571</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10 T1N R6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>S</u> of <u>Seakenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-8-09</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>8.12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>16</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>8</u> feet after <u>1 1/2</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 R Fryfoyle 0408 Michael R Fryfoyle  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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