

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: V-125  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Hinds  
Permit #: 4" well  
Driller: Water Well Service  
Date drilling completed: 6-1-06

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>Cory Berry</u>	Latitude: <u>32.06.53</u> Longitude: <u>90.19.40</u>
Mailing Address: <u>135 Pine Hill Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Terry, Ms 39170</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SW 1/4 Sec 8 Twn 3N Rng 1W</u>
Telephone No. <u>(601)940-1435</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>West</u> of <u>Terry</u>

**Well Data**

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

Date well drilling started: 5-24-06 Date well drilling completed: 6-1-06

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

Static Water Level: 147 feet above or below (circle one) land surface Date measured: 6-1-06

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

Hole depth: 340 Well depth: 326 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 296 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 08 inches Setting depth: From 316 feet to 306 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: \_\_\_\_\_

Name of organization running log(s): State U-0125

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.

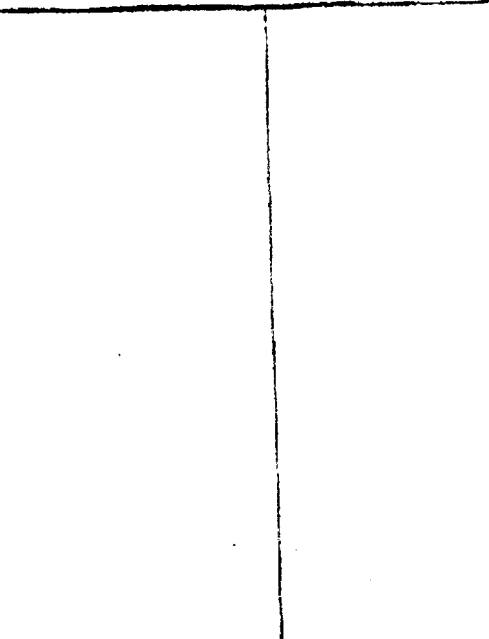
Arnold Fricker Sr 0598 Ronald J. Smith Sr  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

V-125

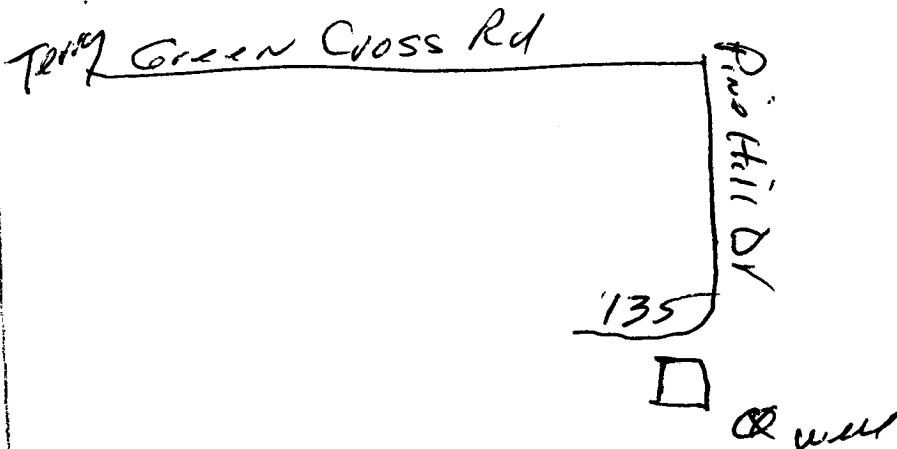
Ground Level



Description of Formations Encountered	From	To
Surface sand	0	30
clay	30	65
sand	65	85
clay	85	115
sand	115	130
clay	130	145
Limestone	145	295
sand	295	325
clay	325	340

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) indicate direction.



Landowner Name: \_\_\_\_\_

Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: V-125

Elevation: \_\_\_\_\_

County: Hinds  
 Permit #: 4" Well  
 Driller: Water Well Service  
 Date completed: 6-1-06

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>Cory Berry</u>	Latitude: <u>320653</u> Longitude: <u>901940</u>
Mailing Address: <u>135 Pine Hill Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>ED Terry Ms 39170</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>3N</u> Rng <u>1W</u>
Telephone No. <u>(601) 940-1435</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>West</u> of <u>Terry, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.0</u>
Date Pump Installed: <u>5-30-06</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-30-06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>147</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after _____ 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.

Arnold Fincher Sr 0598      Arnold Fincher Sr  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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