	State Well Report	D 000 11 0 1	
County: Jasper	Part 1	For Office Use Only:	
County: 33	Mississippi Department of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources	Well #: L-23 061	
Driller: Jahn Thompson	P.O. Box 10631		
V 12 01	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:	
Date drilling completed: 8 312 07	(601)354-6938 (fax)	E-log #:	
	` ′ ,		
State Law requires that this rep	ort be prepared by the driller in detail and filed w	vith the Department within	
30 days of completion of drilling	g of the well.	1 Location	
Well Owner Inform	ation	<u> </u>	
Owner Name Paul Bergi	Latitude 31 ° 59 ' 31	" Longitud 189. 3 37"	
Mailing Address: 2889 C. R	Method of Lat/Long (circle of	ne): Conventional Survey,	
Paulding ?	USGS quad, Hand-held	GPS, Survey-grade GPS	
		Twn 2 N Rng 12E	
0:	ate Zip Code 14 Sec 27	Iwn L/V Kng/C	
	-1 Distance Diseation	Nearest Toyur	
Telephone No. (601) 777 - 361	b Distance Diseasing 10 Miles F-NE	of Heidelburg	
	W.D.D4-	<u> </u>	
	Well Data	211	
Purpose of Well (circle one) Home Inc	dustrial Public Supply Irrigation Fish Culture	Other: Toultry Form	
Date well drilling started: 8-11-04 Date well drilling completed: 8-12-04			
Date well drilling started: O II-	Date well drilling completed:	3 / 2 0 /	
If flowing, method of flow regulation: Va	lveOther (describe)		
	bove or below (circle one) land surface Date measured:	8-17-14	
Static Water Level: feet a	bove or below (circle one) land surface Date measured:	0 100	
Method of Measurement (circle one)	teel tape electric tape air fine other:	DECENT	
Hole depth: 420 Well do			
Hole depth: 120 Well do	epth: well grouted to a depth of _	SEP 0 9 200	
Type of grout (circle one): Cement	Bentonite Mix	3Li 03 200	
Casing length: 2376 feet Casing length:	ng diameter: 4 inches Type of casing:	PYC RY OIW	
Screen length: 20 feet Scr	een diameter: 4 inches Type of screen:	PVU SIOTTED	
Screen slot size: OOSinches			
Screen slot size: • • • • inches	Setting depth: Fromfeet_to	feet	
Type of completion (circle all applicable)	Gravel packed Underreamed Telescoped Open	nhole Natural Development	
,			
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scr	reen, describe on back of page	
	•		
Logs run (circle all applicable): No log ru	Electric Gamma Ray Density Sonic Neutron	Other:	
Name of organization running log(s):			
Transcororganization running log(s).	ructed, and completed in accordance with all applicable	requirements of the Mississippi	

A Thompson Bros. 0-0679

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

rint Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level	
V	

Description of Formations Encountered	From	To
white day	0	10
blue clax	10	230
rock	230	23.7
grey clay	233	296
seaskells + clay	790	360
sand /	360	370
Clay	370	380
ting sand	380	400
med sand	400	4/6
clay	416	420
		<u> </u>
	- 	'' 1
		
	 	+
		╂
		1

If more than one screen, show location of each on sketch

(0) 1.1	_
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.	
Chicken Houses	
, owell site	
/	
Hane en	
	- ,-
0.10	
Landowner Name: Paul Bergin	
Landowner Hank.	

Signature of Water Well Contractor

STATE WELL REPORT

County: Jasper Permit #: Driller: John 2/. Thompson Date completed: 8-12-04

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

For Office Use Only:		
Aquifer:		
Well#: L-23		
Elevation:		

Date completed: 8-12-04		961-5210 1-6938 (fax)	Elevation:	
This report should be prepared by the installation of pump.	e pump installer in detail	and filed with the Departm	nent within 30 days	of the
Well Owner Informati	ion	V	Vell Location	
α ι				200 -1 MI
Owner Name: Jaul Bergin	<u> </u>	Latitude: 13 10 59	Longitude: 48	9-3-39
Mailing Address: 2889 C. A	3. 31	Method of Lat/Long (circle	one): Conventiona	l Survey.
Paulding M.	s 39348	USGS quad H	and-held GPS, Surv	ev-grade GPS
- 11119 /		1/41/4 Sec		/
City State	Zip Code		•	
141 727		Distance Direction		/ 1
Telephone No. (601) 727-3	616	10 Miles E-1/1	of Teide	DECENTED
	<u></u>			TEUEIVED
Pump Type Circle one			Power Type Circle one	SEP 0 9 2004
Air Lift Jet	Submersible	Diesel Engine Gase	oline Engine	SY: OLW R
Bucket Piston	Turbine -	Electric Motor Har	nd	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Oth	er (specify):	
Other (specify):		Horse Power Rating of Mo	tor: <u>5</u>	
Date Pump Installed: 8-18-0	24	Setting Depth:	,0	_feet
Rated Pump Capacity: 55	Gallons Per Minute	Number of Stages:		_
Pump Test Data		Method of	Measuring Water l	aval
Date Well Tested: 8-18-01	1	Wellou of	Circle one	50,01
Static Water Level (A):Feet		Air Line Electric N	Measuring Line	Steel Tapc
		Other (specify):		
Pumping Water Level (B): 120 Feet	Below Land Surface			
Drawdown [(B) – (A)]: 2 Feet	Below Land Surface	For flowing well, measured	d shut in head:	feet
Test Pumping Rate: 90	Gallons Per Minute	Well yielded90	GPM with a d	rawdown of
Duration of Pump Test (minimum 4 hours):	hours	feet afte	r <u> </u>	ours of pumping
			1	1/

(THEREPY CERTIFY that the above statements are true to the best of my knowledge.	Sohn	V. Thompson
١	Print Name of Pump Installer and License No. (if applicable) Signatu	re of Pump Installe	r
/	//		