

# 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:

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: John Thompson  
Date drilling completed: 8-12-04

Aquifer: \_\_\_\_\_  
Well #: L-23 061  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Paul Bergin</u>		Latitude	<u>31.59.51"</u>	
Mailing Address:	<u>2889 C.R. 31</u>		Longitude	<u>89.3.59"</u>	
	<u>Paulding, MS. 39348</u>		Method of Lat/Long (circle one):	Conventional Survey,	
City	State	Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No.	<u>(601) 78-3616</u>		1/4	1/4 Sec	<u>21</u>
			Twn	<u>2N</u>	
			Rng	<u>12E</u>	
			Distance	Direction	Nearest Town
			<u>10</u> Miles	<u>E-NE</u>	of <u>Heidelberg</u>

Well Data					
Purpose of Well (circle one)	Home	Industrial	Public Supply	Irrigation	Fish Culture
					Other: <u>Poultry Farm</u>
Date well drilling started:	<u>8-11-04</u>		Date well drilling completed:	<u>8-12-04</u>	
If flowing, method of flow regulation:	Valve	Other (describe) _____			
Static Water Level:	<u>99</u>	feet above or below (circle one) land surface	Date measured:	<u>8-12-04</u>	
Method of Measurement (circle one)	steel tape	electric tape	<u>air line</u>	other: _____	
Hole depth:	<u>420</u>	Well depth:	<u>416</u>	Well grouted to a depth of	<u>10</u> feet
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix		
Casing length:	<u>396</u> feet	Casing diameter:	<u>4</u> inches	Type of casing:	<u>PVC</u>
Screen length:	<u>20</u> feet	Screen diameter:	<u>4</u> inches	Type of screen:	<u>PVC slotted</u>
Screen slot size:	<u>.008</u> inches	Setting depth: From	<u>396</u> feet to	<u>416</u> feet	
Type of completion (circle all applicable):	<u>Gravel packed</u>	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):	<u>No log run</u>	Electric	Gamma Ray	Density	Sonic
Name of organization running log(s): _____					

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BY: OLWR

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.

Thompson Bros. 0-0679  
Print Name of Water Well Contractor and License No.

John W. Thompson  
Signature of Water Well Contractor



# 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:

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 8-12-04

Aquifer: \_\_\_\_\_  
Well #: L-23  
Elevation: \_\_\_\_\_

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>Paul Bergin</u>	Latitude: <u>N31° 59' 51"</u> Longitude: <u>W89° 3' 59"</u>
Mailing Address: <u>2889 C.R. 31</u> <u>Paulling, MS 39348</u>	Method of Lat/Long (circle one): Conventional Survey: _____ USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>2N</u> Rng <u>12E</u>
Telephone No. ( <u>601</u> ) <u>727-3616</u>	Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>E-NE</u> of <u>Heidelberg</u>

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Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <input checked="" type="radio"/> Submersible _____	Diesel Engine _____ Gasoline Engine _____
Bucket _____ Piston _____ Turbine _____	<input checked="" type="radio"/> Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>8-18-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

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BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-18-04</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape _____
Static Water Level (A): <u>99</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>21</u> feet after <u>4</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.

~~John W. Thompson~~ John W. Thompson 0-0679  
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
Signature of Pump Installer