

# 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)

County: Lauderdale Co. Ms.  
Permit #: MS-GW-16477  
Driller: Allen & Moll  
Proven Well  
Date drilling completed: 12/19/07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: R-56  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>West Berry Farm</u> <u>Don West</u>	Latitude: <u>N 33° 24' 613"</u> Longitude: <u>W 88° 28' 485"</u>
Mailing Address: <u>5716 Hwy 182E</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Columbus, Ms. 39702</u>	<u>NE 1/4 SW 1/4 Sec 24 Twn T18N Rng R17E</u>
City State Zip Code	Distance Direction Nearest Town <u>7 Miles SW of Columbus, Ms.</u>
Telephone No. ( )	

Well / Borehole Data

Date drilling started: 12/17/07 Date drilling completed: 12/20/07 Hole depth: 740 Hole diameter: 6 1/4"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
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  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 12/19/07

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

Well depth: 740 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 6 1/4" inches Type of casing: PVC

Screen length: 180 feet Screen diameter: 4 inches Type of screen: PVC slot

Screen slot size: .025 inches Setting depth: From 560 feet to 740 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

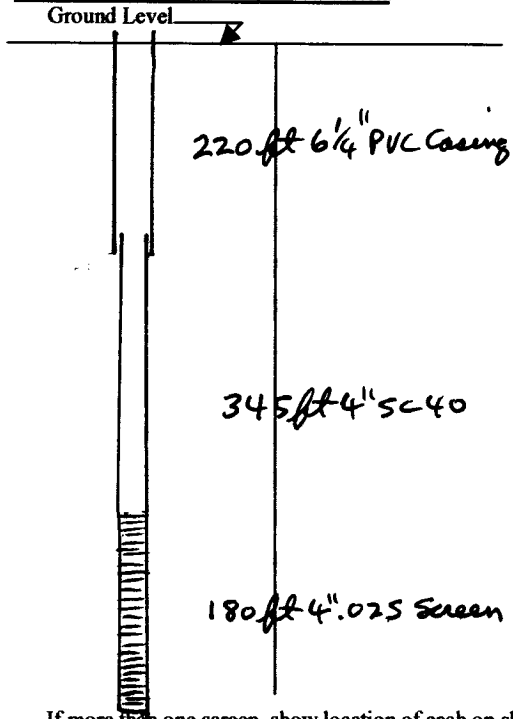
Top of lap pipe or reduction in casing: 210 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

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

K-56

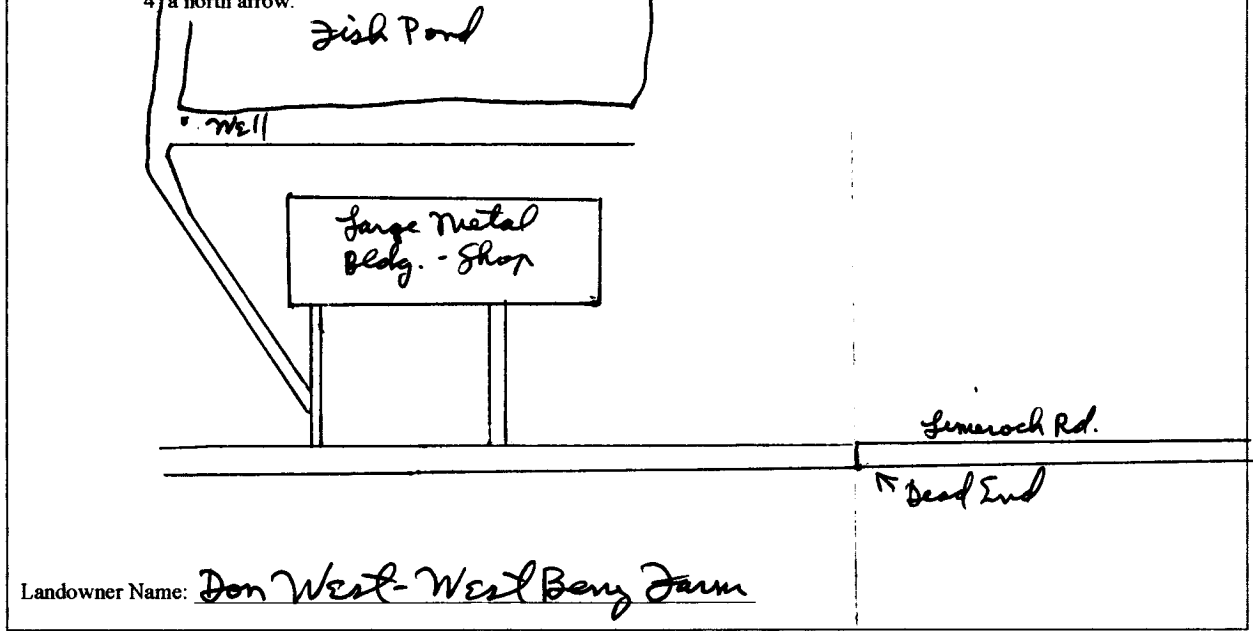
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Clay	0	18
Limerock	18	80
Outlaw Sand	80	105
Dray Clay	105	245
Dray Clay Sand 440% Clay	245	265
Clay & Sand Layered 75% Clay	265	405
Hard Clay	405	445
Outlaw Sand	445	505
Hard Clay	505	565
Dray Sand	565	665
Clay	665	675
Dray Sand	675	740

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.



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. Thomas B. Willis 0-627 Date 12-22-07

Signature of Licensee Thomas B. Willis

# 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: Lauderdale Co. Mo.  
 Permit #: MS-GW-16477  
 Driller: Thomas Willis  
 Date completed: 12-20-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-56  
 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>West Berry Farm</u>	Latitude: <u>N 33° 24.63</u> Longitude: <u>W 88° 28.485</u>
Mailing Address: <u>5716 Hwy 182E</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus Mo 39702</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 24 T 18N R 17E</u> Dist. Direction Nearest Town
Telephone No. ( ) _____	<u>7 Miles SW of Columbus, Mo.</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <b>Submersible</b>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <b>Electric Motor</b> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>12/20/07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>350</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input checked="" type="radio"/> <b>Air Line</b> Electric Measuring Line <input checked="" type="radio"/> <b>Steel Tape</b>
Static Water Level (A): <u>54</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>96</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>350</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Thomas B Willis 0-627      Thomas B Willis  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer