

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)

County: Marion
Permit #: _____
Driller: J.C. Samrall
Date drilling completed: 1/7/05

For Office Use Only:
Aquifer: _____
Well #: N-119
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>Vicky Berry</u>	Latitude: <u>31°05'18"</u> Longitude: <u>89°54'25"</u>
Mailing Address: <u>158 New Hope Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sandy Hook</u> MS. _____ City State Zip Code	<u>NE 1/4 NE 1/4 Sec 4</u> Twn <u>2W</u> Rng <u>13E</u> 5
Telephone No. (____) <u>N/A</u>	Distance _____ Direction <u>NNW</u> Nearest Town <u>Sandy Hook</u> 6 Miles of

Well Data

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

Date well drilling started: 1/7/05 Date well drilling completed: 1/7/05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 1/7/05

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

Hole depth: 182 Well depth: 182 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 172 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 172 feet to 182 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): _____

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.

Jordan Well Ser. 0-508
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
JAN 28 2005
BY: OLV

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: Marion
 Permit #: _____
 Driller: J. C. Sumrall
 Date completed: 1/7/05

For Office Use Only:

Aquifer: _____
 Well #: N-119
 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>Vicky Berry</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>158 New Hope Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sandy Hook Ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>3</u> Rng <u>13</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>WNW</u> of <u>Sandy Hook Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>2hp</u>
Date Pump Installed: <u>1/7/05</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/7/05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>33</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.

Jordan Well Ser. 0-508 **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer **JAN 28 2005**

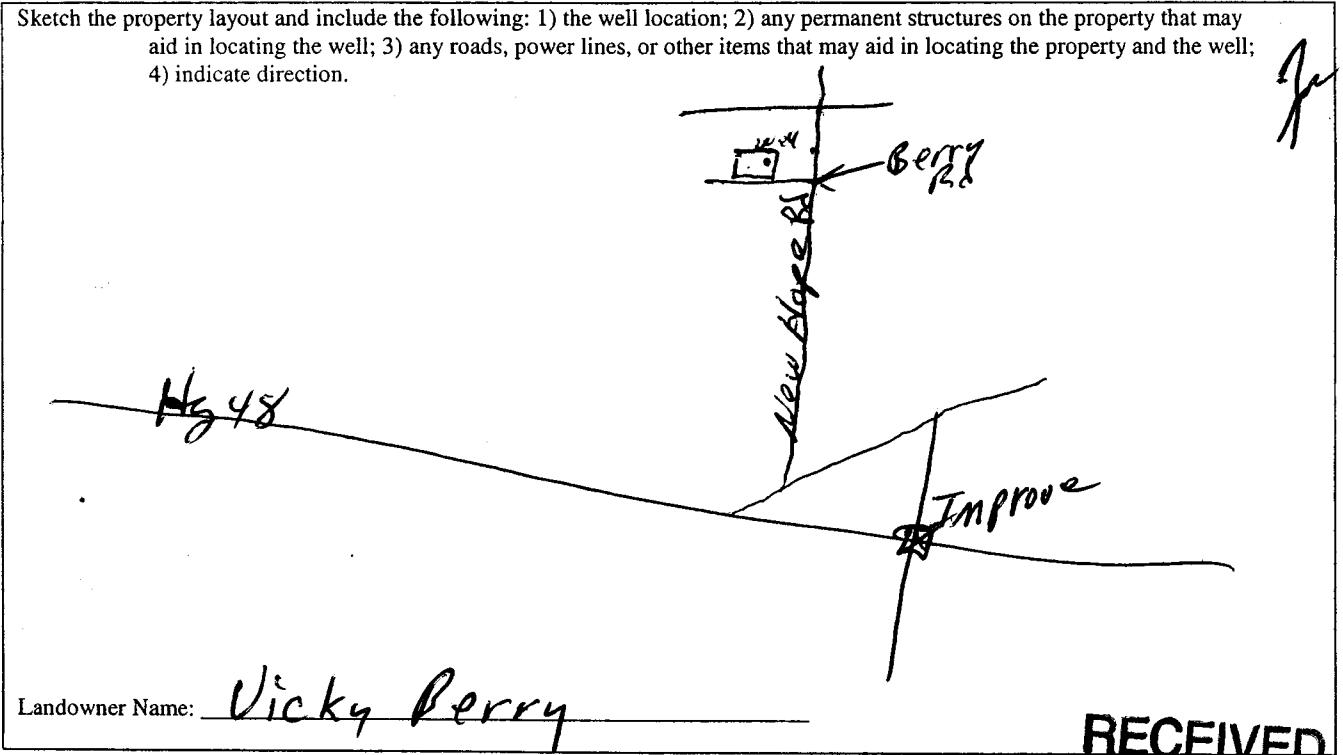
BY: OLWR

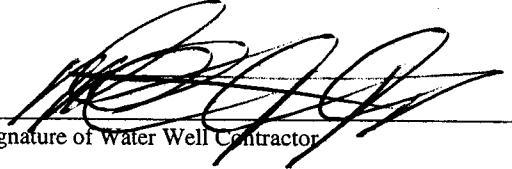
If well telescopes please sketch below and show depths.

Ground Level N-119

Description of Formations Encountered	From	To
Top Soil	0	1
Sandy Clay	1	60
Sandy	60	85
Clay	85	140
Sand	140	182

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



Signature of Water Well Contractor 

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 JAN 28 2005
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