

State Well Report

Part I

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 #: B-57
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Water Well Service
Date drilling completed: 3-10-07

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>Mary Springs Water Assoc</u>	Latitude: <u>31-15-45</u> Longitude: <u>90-53-28</u>
Mailing Address: <u>o/o Ronnie Clark</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Busy Corner Rd</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Liberty, MS 39645</u>	<u>SE 1/4 SE 1/4 Sec 34 Twn 4N Rng 3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 225-0119</u>	<u>1</u> Miles <u>SW</u> of <u>Mary Springs Church</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test #1 Hole

Date well drilling started: 2-1 Date well drilling completed: 2-28-07

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

Static Water Level: 188 feet above or below (circle one) land surface Date measured: 3-18-07

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

Hole depth: 530 Well depth: _____ Well grouted to a depth of _____ feet 6" hole

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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 Logger B-0057

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 Fincher Sr 0598

Arnold Fincher Sr

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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APR 02 2007

BY: OLWR

