State W	ell Report	
1 • • • • • • • • • • • • • • • • • • •	art 1	For Office Use Only:
Mississippi Departmen	t of Environmental Quality	Aquifer:
Office of Land a	nd Water Resources	Well #: 16
	Box 10631 IS 39289-0631	L. S. Elevation:
· • • • • • • • • • • • • • • • • • • •	961-5210	L. S. Elevation:
	4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	rith the Department within
Well Owner Information	Wel	Location
Owner Name Duke Energy  Mailing Address: 1485	Latitude:  Mills Fort  Method of Lat/Lopg (circle or	" Longitude:," " 7, 2 7 0 0 ne): Conventional Survey,
Rilly Bell Rd.	USGS quad, Hand-held	GPS, Survey-grade GPS
Jackson min. 39213  Gity State Zip Code		Twn 15. NRng 9-E
Telephone No. () 601-982-8290	Distance Direction  Miles	Nearest Town of
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: $7 - 15 - 64$ Date	well drilling completed:	22-04
If flowing, method of flow regulation: Valve Other (c	lescribe)	
Static Water Level:feet above or below (circle one)	land surface Date measured;	
Method of Measurement (circle one) steel tape electric tape	air line other:	PEOFILE
Hole depth: 400 Well depth:	Well grouted to a depth of	30 RECEIVE AUG 1 8 2004
Type of grout (circle one): Cement Bentonite Mix		700 1 8 2004
Casing length:feet Casing diameter:	inches Type of casing: _	BY: OLWI
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 Unde	rreamed Telescoped Oper	n hole Natural Development
Other (describe):	· · · · · · · · · · · · · · · · · · ·	
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one sc	reen, 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 De	partment of Health regulation	s and state laws.
EM'BOD'CRESGWEI1-015	o Bud	Premuelo
Print Name of Water Well Contractor and License No.	Signature (	of Water Well Contractor

Description of Formations Encountered

**Ground Level** 

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nd in locating the well; 3) any roads, power lind; indicate direction.	es, or other items that may aid in locating the property a	nd the well;	
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Billy Franken			

Signature of Water Well Contractor

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