

# 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:

Aquifer: \_\_\_\_\_  
Well #: M-221  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: K+T Drilling  
Date drilling completed: Oct 21 2004

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>Delta State University</u>	Latitude: <u>33° 44' 36"</u> Longitude: <u>90° 44' 25"</u>
Mailing Address: <u>Physical 1417 Maple Street</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 3102 (mailing address)</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cleveland Miss 38733</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>5</u> Twn <u>22N</u> Rng <u>R15W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>20</u> Nearest Town: <u>Cleveland</u>
Telephone No. <u>662 846-3000</u>	

### Well Data

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

Date well drilling started: 10/18/2004 Date well drilling completed: 10/21/2004

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

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: \_\_\_\_\_

Hole depth: 210 Well depth: 210 Well grouted to a depth of 60 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 0 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): \_\_\_\_\_

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.

Mark H. Thompson 0-629  
Print Name of Water Well Contractor and License No.

Man g d th  
Signature of Water Well Contractor

RECEIVED  
NOV 15 2004  
BY: OI W R



