

# 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 #: P-168  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Polk  
Permit #: \_\_\_\_\_  
Driller: Mike Wells  
Date drilling completed: 4/18/05

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

Owner Name: Dean Partnership  
Mailing Address: 21 Sunrise Dr.  
Boyle, MS 38730  
City State Zip Code  
Telephone No. (662) 846-7584

### Well Location

Latitude: 33° 40' 54.5" Longitude: 90° 46' 05"  
Method of Lat/Long (circle one): Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS  
NW SE 1/4 Sec 12 Twn 21 N Rng 6 W  
Distance Direction Nearest Town  
Miles of

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 4/18/05 Date well drilling completed: 4/18/05  
If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_  
Static Water Level: 10 feet above or below (circle one) land surface Date measured: 4/18/05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 133' Well depth: 133' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC  
Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC  
Screen slot size: .050 inches Setting depth: From 83 feet to 133 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: N/A 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): N/A

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.

Thomas G. Chrestman 0-703  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor



