

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-15 013
 L. S. Elevation: _____
 E-log #: _____

County: CAIHOUN

Permit #: _____

Driller: Robert E. Water Well Serv.

Date drilling completed: 10-7-04

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: ALFRED PITHMAN

Mailing Address: PITHMAN FARMS

P.O. Box 99
GORE SPRINGS, MS. 38929
 City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: 33° 44' 44" N Longitude: 89° 27' 57" W

Method of Lat/Long (circle one): Conventional Survey

USGS quad. Hand-held GPS Survey-grade GPS

NO 1/4 NO 1/4 Sec 28 Twn 22N Rng 8E
SE NW
 Distance 10 Miles Direction West of Nearest Town CAIHOUN CITY, MS.

Well Data

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

Date well drilling started: Oct. 7-04 Date well drilling completed: Oct. 7-04

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: 300 Well depth: 300 Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4" inches Type of casing: N/A

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: 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): MISS. GEO. SURV.

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.

Robert E. Rattliff 0-002

Print Name of Water Well Contractor and License No.

Robert E. Rattliff

Signature of Water Well Contractor

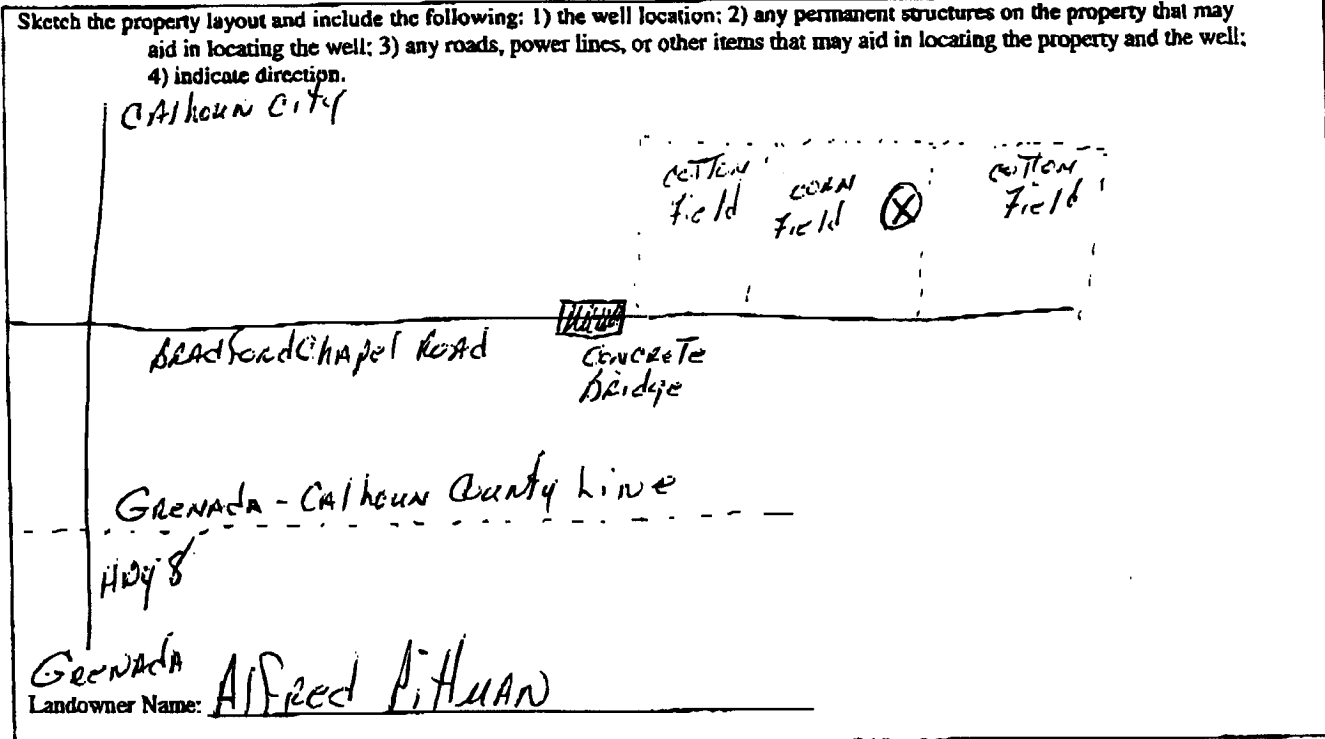
10-8-04
 Bob Rattliff

If well telescopes please sketch below and show depths.

Ground Level M-15

Description of Formations Encountered	From	To
CLAY	0	40
HARD CLAY w/ lignite	40	140
ROCK	140	150
HARD CLAY	150	210
CLAY & lignite	210	240
CLAY	240	270
SAND	270	285
HARD CLAY	285	300

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



Robert E. Rostoff
Signature of Water Well Contractor

topozone



Take this map

- VIEW MAPS
- GET DATA
- MY TOPOZONE
- WEB SERVICES
- ABOUT US

- Map/Photo Info
- Topo Download
- Photo Download

33° 44' 44"N, 89° 27' 57"W (WGS84)
USGS **Cadaretta** Quad

[View TopoZone Pro aerial photos, shaded relief, street maps, interact](#)

- USGS Topo Maps**
- 1:24K/25K Series
 - 1:100K Series
 - 1:250K Series
- Map Size**
- Small
 - Medium
 - Large
- View Scale**
- 1 : 50,000
- Update Map

- Coordinate Format**
- D/M/S
- Coordinate Datum**
- WGS84/NAD83
- Show target
- [Email this map](#)
- [Bookmark this map](#)
- [Print this map](#)

myTopo.com

GET A CUSTOM MAP PRINT

