

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 #: E-77
L. S. Elevation: _____
E-log #: _____

County: Cattell
Permit #: _____
Driller: CLS Drilling
Date drilling completed: 10-13-05

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	Well Location
Owner Name: <u>Cattell Water Dept</u>	Latitude: <u>33° 29' 58" N</u> Longitude: <u>90° 00' 04" W</u>
Mailing Address: <u>701 Lexington St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>Cattell, MS.</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>19N</u> Rng <u>3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 237-6268</u>	Miles _____ of _____

Well Data

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

Date well drilling started: 10-10-05 Date well drilling completed: 10-13-05

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: 760 Well depth: _____ Well grouted to a depth of 701 feet

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): _____

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.

CLS Drilling 0-554

Print Name of Water Well Contractor and License No.

Calvin Sullivan

Signature of Water Well Contractor

RECEIVED

NOV 07 2005

BY: OLWR

