

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 #: L-36
L. S. Elevation: _____
E-log #: _____

County: CARROLL
Permit #: _____
Driller: CBS Drilling
Date drilling completed: 7-28-05
TEST HOLE

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>IRRIGATION EQUIP. INC</u>	Latitude: <u>33° 19' 54" N</u> Longitude: <u>90° 08' 11" W</u>
Mailing Address: <u>Hy 82 E</u>	<u>33 19 54</u> <u>90 08 21</u> Method of Lat/Long (circle one): Conventional Survey,
<u>INDOLA, MS.</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 13 Twn 17N Rng 1E</u>
Telephone No. <u>(662) 887-2555</u>	Distance Direction Nearest Town <u>7</u> Miles <u>SE</u> of <u>SIDON</u>

Well Data

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

Date well drilling started: 7-24-05 Date well drilling completed: 7-28-05

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

Static Water Level: TEST HOLE feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 340 Well depth: _____ Well grouted to a depth of Plugged feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: NONE feet Casing diameter: _____ inches Type of casing: _____

Screen length: NONE feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: NONE inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): TEST HOLE

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): MISSISSIPPI GEOLOGY

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.

CBS Drilling 0-554 Calvin Sullivan
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

