

State Well Report
Part 1 – Driller's Log

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)

County: COAHOMA
Permit #: _____
Driller: Cletus Magee
Date drilling completed: 6/22/06

For Office Use Only:

Aquifer: _____
Well #: B-50
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>YMD</u>	Latitude: <u>34° 22' 07"</u> Longitude: <u>90° 37' 32"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4 Sec 20 Twn 29N Rng 4W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>5 Miles W of Fairs Point</u>
Well / Borehole Data	
Date drilling started: <u>6/21</u> Date drilling completed: <u>6/22</u> Hole depth: <u>220</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Whittaker Bayou</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1gal per 1000</u>	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____	
Name of organization running log(s): <u>Office of Geology</u>	
Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) <u>observation well</u>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>observation</u>	
If a flowing well, 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: _____	
Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite _____ Mix _____	
Casing length: <u>105</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>105</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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BY: OLWR

