

# 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 Mugee  
Date drilling completed: 7/11/06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-59  
L. S. Elevation: \_\_\_\_\_  
E-log #: B-59

**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>Larson #2</u>	Latitude: <u>34° 22' 35"</u> Longitude: <u>90° 35' 32.9"</u>
Mailing Address: <u>Vu zoo Mang. Dist.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE 1/4 S 1/4 Sec 22 Twn 29N Rng 4W</u>
Telephone No. <u>662-686-7712</u>	Distance _____ Direction _____ Nearest Town _____ <u>9 Miles W of Friars Point</u>
Well / Borehole Data	
Date drilling started: <u>7/10/06</u> Date drilling completed: <u>7/11/06</u> Hole depth: <u>160</u> Hole diameter: <u>6.75</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>1 gal Bleach / 1000 water</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> 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>130</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>110</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>110</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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>	

Form: OLWR-SWR-1A

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