

NOV-10-2005 09:52 From:

6628431717

To: 360 0535

P. 2/3

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)

County: Coahoma
 Permit #: _____
 Driller: Mike Wells
 Date drilling completed: 11-1-05

For Office Use Only:
 Aquifer: _____
 Well #: N-125
 I. S. Elevation: _____
 E-log #: _____

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>Circle "S" Irrigation</u>	Latitude: <u>34° 0' 16" N</u> Longitude: <u>91° 33' 57" W</u>
Mailing Address: <u>420 Rain St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>25</u> Sec <u>25N</u> Rng <u>4W</u>
Telephone No. (<u>662</u>) <u>627-7246</u>	Distance <u>1 1/2</u> Miles Direction <u>WEST</u> of Nearest Town <u>ROUNDAWAY</u>

ice quest

Well Data

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

Date well drilling started: Nov. 1, 2005 Date well drilling completed: Nov. 1, 2005

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: Nov. 1, 2005

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

Hole depth: 125' Well depth: 124' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 84 feet to 124 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): _____

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.

Thomas G. Christman 0-703 Thomas G. Christman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Part 2

RECEIVED
NOV 10 2005
BY: OLWR

