

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 #: Ø-85
L. S. Elevation: _____
E-log #: _____

County: Coahoma 027
Permit #: _____
Driller: Willie L. Bryant
Date drilling completed: 12-19-04

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>Edward Johnson Jr.</u>	Latitude: <u>34° 00' 35" N</u> Longitude: <u>090° 30' 19" W</u>
Mailing Address: <u>3685 Hwy. 322 Sherard Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Clarksdale ms 38614</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn 25 N Rng 3 W</u>
Telephone No. <u>(662) 624-2629-902-8034</u>	Distance Direction Nearest Town
	<u>4.5</u> Miles <u>West</u> of <u>Tutwiler</u>

Well Data

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

Date well drilling started: 12-19-04 Date well drilling completed: 12-19-04

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

Static Water Level: 31 feet above or (below) (circle one) land surface Date measured: 12-19-04

Method of Measurement (circle one) steel tape electric tape air line other: rope + weight

Hole depth: 104' Well depth: 102' Well grouted to a depth of 25 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 92' feet Casing diameter: 4" inches Type of casing: PVC 160

Screen length: 10 feet Screen diameter: 4" inches Type of screen: SCH 40 PVC

Screen slot size: 0.13 inches Setting depth: From 92' feet to 102' 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: 0 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.

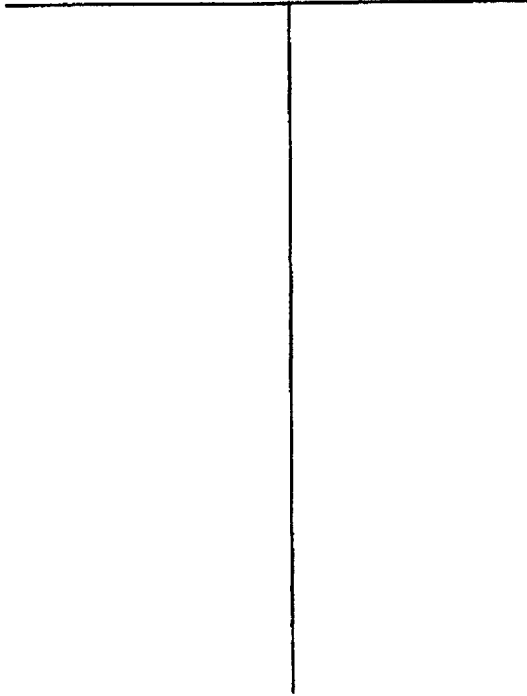
Willie L. Bryant 0-639 Willie L. Bryant
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

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If well telescopes please sketch below and show depths.

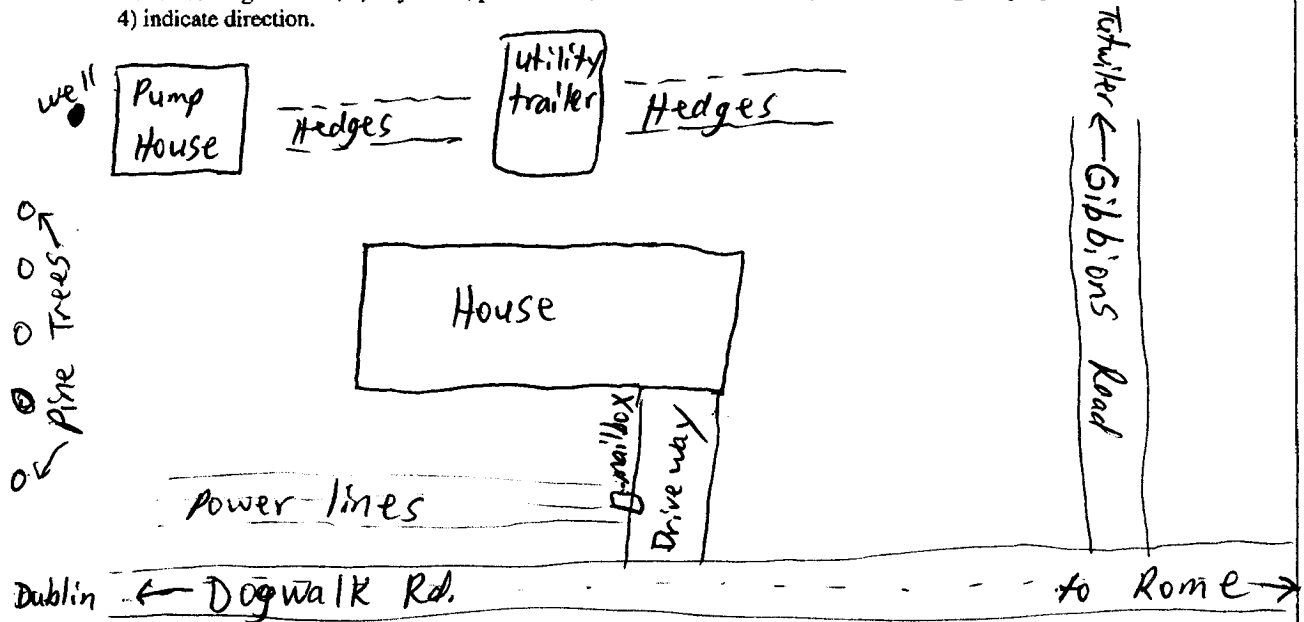
Ground Level



Description of Formations Encountered	From	To
Clay	0	20
Clay & Brown Sand	20	40
Brown & med. Sand	40	60
med. & coarse sand	60	80
Coarse gravel	80	100
Coarse gravel	100	104

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Edward Johnson Jr.

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BY: OLWF

Willie L. Bryant
Signature of Water Well Contractor

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.
PUMP TEST			
Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping			

LOG DATA

TYPE OF LOG RUN (Circle One):	No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____
Name of Organization Running Log	

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

If more than one screen, show location of each on sketch.