

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: Copiah
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC.
Date drilling completed: 1-6-12

For Office Use Only:
Aquifer: _____
Well #: J93
L. 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>Joe Kuse</u>	Latitude: <u>31° 56' 27.8"</u> Longitude: <u>90° 24' 32.7"</u>
Mailing Address: <u>1028 Kuse Ln</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Hazlehurst MS 39083</u>	USGS quad: <u>SE 1/4 SW 1/4 Sec 9 Twn 1N Rng 2W</u>
City State Zip Code	NE Distance Direction Nearest Town
Telephone No. <u>(601) 892-9022</u>	<u>2 Miles W of Gallman</u>

Well Data

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

Date well drilling started: 1-6-12 Date well drilling completed: 1-6-12

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 1-6-12

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

Hole depth: 176 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

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

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

Screen slot size: 10/10 inches Setting depth: From 160 feet to 170 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: _____ 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.

GREENN WATER WELL & SUPPLY, INC.
BRIAN D. McCLENDON, UNR-00000664

Brian McCleendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
JAN 17 2012
100-631000

