

# 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 #: P-90  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: Water Well Services  
Date drilling completed: 11-12-08

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>City of Hazelhurst</u>	Latitude: <u>31° 52' 38"</u> Longitude: <u>90° 24' 30"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>Hazelhurst, Ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>10N</u> Rng <u>8E</u>
Telephone No. ( <u>601</u> ) <u>954-3656</u>	Distance Direction Nearest Town
	<u>0</u> Miles of <u>Hazelhurst</u>

**Well Data**

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

Date well drilling started: 8-18-08 Date well drilling completed: 11-12-08

If flowing, 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: \_\_\_\_\_

Hole depth: 800 Well depth: N.A. Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: \_\_\_\_\_

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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): State Loggers P-0090

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.

Water Well Services 0598 Wendy Smith  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

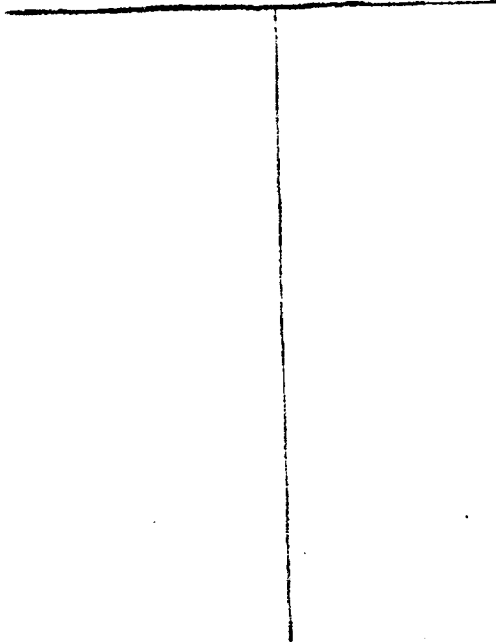
*Log Hole only  
Plug with Bentonite  
and Cement*

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If well telescopes please sketch below and show depths.

P-90

Ground Level



Description of Formations Encountered	From	To
Sand & Clay	0	100
clay	100	140
Sand	140	200
Clay	200	250
Sand	250	320
Clay	320	470
Sand	470	482
Sand & clay	482	800

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: \_\_\_\_\_

Alex Ganche ✓  
Signature of Water Well Contractor

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