

11/24/1996 14:41

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A-1 DRILLING SERVICE

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Part 2 never received 3/13

County: COVINGTON
 Permit #: _____
 Driller: A-1 DRILLING SER
 Date drilling completed: 7-7-06

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)

Per Office Use Only:
 Aquifer: _____
 Well #: F-49
 L.S. Elevation: _____
 B-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>RICKY FOWLER</u>	Latitude: <u>31.4726</u>	Longitude: <u>89.2877</u>	
Mailing Address: <u>580 WATER WELL RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>MT OLIVE MS 39119</u>	Survey-grade <input type="checkbox"/> Hand-held GPS, Survey-grade OPS <input type="checkbox"/>		
City State Zip Code	<u>NE NW 1/4 Sec 6 Twn 01N R1E 16W</u>		
Telephone No. <u>601 797-3207</u>	Distance: <u>3</u> Miles	Direction: <u>S</u>	Nearst Town: <u>MT OLIVE</u>

Well Data

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

Date well drilling started: 7-3-06 Date well drilling completed: 7-7-06

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 7-5-06

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

Hole depth: 174 Well depth: 140' Well grouted to a depth of 51 feet

Type of grout (circle one): Cement portland Mix

Casing length: 112 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .006 inches Setting depth: From 110 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: NA 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): NA

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 law.

WILBUR T. BAUGHMAN 0410 Wilbur T. Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 JUL 28 2006
 BY: OLWR

