

APR 20 06 08:58 FROM LAND & WATER

901-354-6888

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS, 39289-0631
(601)961-5210
(601)354-6888 (fax)

County: Covington
 Permit #: _____
 Driller: Darryl Danks
 Date drilling completed: 1-5-07

For Office Use Only:
 Aquifer: _____
 Well #: F-51
 L. S. Revision: _____
 B-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| | | |
|---|--|--|
| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>BAYAN WARE</u> Mailing Address: <u>130 FAUNCEY DR.</u> <u>Collins</u> <u>MS</u> <u>39428</u> City State Zip Code Telephone No. <u>(601) 765-0116</u> | | Well or Borehole Location Latitude: <u>31° 40' 51.7"</u> Longitude: <u>089° 36' 37.6"</u> Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>22</u> USGS quad, <u>hand-held GPS</u> , Survey-grade GPS 1/4 Sec <u>9</u> Twp <u>8N</u> Rng <u>16W</u> Distance Direction Nearest Town _____ Miles _____ of _____ |
|---|--|--|

Well / Borehole Data

Date drilling started: 1-2-07 Date drilling completed: 1-5-07 Hole depth: 230ft Hole diameter: 4 1/4

Location of the source of any surface water used for drilling: _____
 Method of casing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Scientific Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, 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: _____

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat 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 _____ Underscreened _____ Telescoped _____ Open hole _____ Natural Development _____
 Other (describe): _____

Top of log pipe or reduction in casing: _____ feet *If underscreened or more than one screen, describe on next page*

GT

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