

Backup Copy Only

State Well Report

Part I

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: DeSoto
 Permit #: MS-6W-2970
 Driller: Wilson Well Co, Inc
 Date drilling completed: 4-5-84

For Office Use Only:
 Aquifer: _____
 Well #: H-79
 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>Lewisburg Water Assn</u>	Latitude: <u>34° 54' 01" N</u> Longitude: <u>089° 49' 51" W</u>
Mailing Address: <u>49 North Parkway</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Humboldt</u> State: <u>MS</u> Zip Code: <u>38632</u>	NE 1/4 NE 1/4 Sec. <u>21</u> Twn <u>25</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ Nearest Town _____ of _____

Well Data

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

Date well drilling started: 3-27-84 Date well drilling completed: 4-5-84

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 4-5-84

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

Hole depth: 338' Well depth: 336' Well grouted to a depth of 301 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 301 feet Casing diameter: 6" inches Type of casing: PVC sch 40

Screen length: 30 feet Screen diameter: 4" inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From ~~306~~ 306 feet to 336 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 259 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): _____

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 BY: OLWR

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.

Rocky Wilson 0-418
Wilson Well Co, Inc 610-0195

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor