

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 #: K-218
L. S. Elevation: _____
E-log #: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 6-30-05

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>R.W. Hollaway</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Stearns Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HERNANDO, MS. 38632</u>	<u>1/4 1/4 Sec 0-36 Twn T35 Rng R8W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ of Nearest Town: <u>HERNANDO</u>
Telephone No. <u>(662) 617-0050</u>	
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>6-30-05</u> Date well drilling completed: <u>6-30-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet above or below (circle one) land surface Date measured: <u>6-30-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>162</u> Well depth: <u>162</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>152</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/4" x 1/8"</u> inches Setting depth: From <u>152</u> feet to <u>162</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>WIP HSD SAND</u>	
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.	
<u>BOB SMITH 0-645</u> _____	
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor	

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BY: OLWR

