

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 #: L-114
 L. S. Elevation: _____
 E-log #: _____

County: DESOUD
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 8-22-07

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>JAMES RUTLEDGE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1910 SUCUM</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>HERNANDO, MS 38632</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>14 14 Sec 033 Twn T35 Rng R2W</u>
Telephone No. <u>(662) 429-4756</u>	Distance Direction Nearest Town
	<u>5 Miles SE of HERNANDO</u>

Well Data

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

Date well drilling started: 8-22-07 Date well drilling completed: 8-22-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-22-07

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1.375 inches Setting depth: From 125 feet to 135 feet

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

Other (describe): WASHED SAND

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.

Bob Smith 0-645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 SEP 18 2007
 BY: OLWR