

State Well Report

Part I

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
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 (601)354-6938 (fax)

For Office Use Only

Aguifer: H61
 Well #: _____
 L. S. Elevation: _____
 B-log #: _____

County: Farrist
 Permit #: _____
 Driller: AL HARRINGTON
 Date drilling completed: 4/12/11

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>John Bourden</u>	Latitude: <u>31° 6' 25"</u> Longitude: <u>-89° 15' 2"</u>
Mailing Address: <u>Julius Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hathaway MS 39401</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 25 Twn 2 N Rng 13 W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5.29 Miles NW of Brooklyn</u>

Well Data

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

Date well drilling started: 4/11/11 Date well drilling completed: 4/12/11

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

Static Water Level: 183' feet above or below (circle one) land surface Date measured: 4/12/11

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

Hole depth: 396' Well depth: 396' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 3" - 210' 2" - 177' Casing diameter: 3" x 2" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1.008 inches Setting depth: From 386' feet to 396' feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 210' 3" 177' 2" - 10' 2" screen 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.

AL HARRINGTON #0-564 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

