

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 #: A-12
L. S. Elevation: _____
E-log #: _____

County: Franklin 037
Permit #: _____
Driller: Brian McClendon
Date drilling completed: 8/20/04

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 Taylor</u>	Latitude: <u>N 31° 30' 69.7"</u> Longitude: <u>W 91° 8' 56.9"</u>
Mailing Address: <u>Northwest Hunting Club</u> <u>204 Traceside Dr.</u> <u>Natchez MS 39120</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 45 Twn 7N Rng 1E</u>
Telephone No. <u>(601) 442-6353</u>	Distance Direction Nearest Town <u>6 Miles NW of Roxie</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>hunting camp</u>	
Date well drilling started: <u>8/20/04</u> Date well drilling completed: <u>8/20/04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8/20/04</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>103</u> Well depth: <u>95</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>75</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1010</u> inches Setting depth: From <u>75</u> feet to <u>95</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
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): <u>No log run</u> 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>GREEN WATER WELL + SUPPLY</u> <u>BRIAN McCLENDON #664</u>	<u>Brian McClendon</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED
SEP 07 2004
BY: OLWR