

Part 2 never received 3/13

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)

For Office Use Only:

Aquifer: _____
Well #: C-123
L. S. Elevation: _____
B-log #: _____

County: George
Permit #: _____
Driller: Mike
Date drilling completed: 11-12-05

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>John Broom</u>	Latitude: <u>30 56 24 N</u> Longitude: <u>88 34 82 W</u>
Mailing Address: <u>Rochester, Church Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedal MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 27 Twn 15 Rng R6W</u>
Telephone No. (_____) _____	Distance <u>1/4</u> Miles Direction <u>N</u> of Nearest Town <u>Lucedal</u>

Well Data

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

Date well drilling started: 11-12-05 Date well drilling completed: _____

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC 40

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

Screen slot size: 1/10 inches Setting depth: From 80 feet to 90 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: _____ 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.

Michael R Fryfogel 0408 Michael R Fryfogel 0408
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

I will set pump later

RECEIVED
DEC 15 2005
BY: OLWR

