

Part 2 never received 3/13

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)

County: George
 Permit #: _____
 Driller: Michael S. Howard
 Date drilling completed: 03-11-06

For Office Use Only:
 Aquifer: _____
 Well #: D-94
 L. S. Elevation: C170
 E-log #: _____

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>Kendall Stringfellow</u>	Latitude: <u>30° 56' 58.3"</u> Longitude: <u>88° 33' 09.5"</u>
Mailing Address: <u>Firetower Rd</u>	Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>04</u>
<u>Lucedale</u> MS <u>39452</u>	USGS quad, Hand-held GPS , Survey-grade GPS
City State Zip Code	NW ¼ SE ¼ Sec <u>7TS</u> Twn <u>R6W</u> Rng <u>2S</u>
Telephone No. (<u>877</u>) <u>269-4838</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Lucedale</u>

Well Data

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

Date well drilling started: 03-11-06 Date well drilling completed: 03-11-06

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

Static Water Level: 59 feet above or below (circle one) land surface Date measured: 03-12-06

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

Hole depth: 111 Well depth: 111 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 91 feet Casing diameter: 4 inches Type of casing: PVC 540

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC WOP

Screen slot size: .012 inches Setting depth: From 91 feet to 111 feet

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

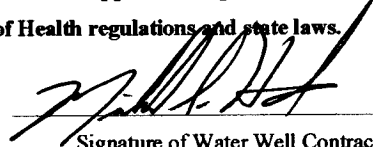
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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 S. Howard 0-673
Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

RECEIVED
MAR 28 2006
BY: OLWR

