

Part 2 never received 3/13

Greene

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Mike + Wade  
 Date drilling completed: 2-26-07

### 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-34  
 L. S. Elevation: R50  
 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>Billy Breland</u>	Latitude: <u>30° 59' 59"</u> Longitude: <u>88° 47' 03"</u>
Mailing Address: <u>168 Breland Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McLain Ms</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>34</u> <sup>2</sup> Twn <u>T1N</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>6</u> Miles <u>S</u> of <u>McLain</u>

**Well Data**

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

Date well drilling started: 2-21-07 Date well drilling completed: 2-22-07

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

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

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

Hole depth: 395 Well depth: 395 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 375 feet Casing diameter: 2 1/4 inches Type of casing: PUC 40

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PUC wrapped

Screen slot size: 8 inches Setting depth: From 375 feet to 395 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 Fryforis 0408  
 Print Name of Water Well Contractor and License No.

Michael R Fryforis  
 Signature of Water Well Contractor

**RECEIVED**  
**MAR 27 2007**  
**BY: OLWR**

