

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 #: F-118
L. S. Elevation: _____
E-log #: _____

County: Grenada
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 11-20-06

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>Little & Little</u>	33 45' 19.1N 90 00' 29.6W
Mailing Address: <u>11268 Hwy. 8</u>	Latitude: _____ Longitude: _____
<u>Holcomb, MS 38940</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	<u>NE 1/4 SW 1/4 Sec 20 Twn 22N Rng 3E</u>
	Distance Direction Nearest Town
	<u>2 Miles SW of Holcomb</u>

Well Data

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

Date well drilling started: 11-20-06 Date well drilling completed: 11-20-06

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: 86 Well depth: 86 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Kentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 10 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 23 feet to 32 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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

unused - replaced by GW 40751

RECEIVED
DEC 11 2006
BY: OLWS

