

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: C9C
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Hinds
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 9-7-11

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>Spencer Ready Mix</u>	Latitude: <u>32.24.17</u> Longitude: <u>90.16.52</u>
Mailing Address: <u>9161 Hwy 49 N</u> <u>Jackson MS 39209</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 Sec 2</u> <u>34</u> <u>7N</u> <u>6W</u> <u>1W</u>
Telephone No. () _____	Distance: <u>5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Jackson</u>

Well Data

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

Date well drilling started: 9-6-11 Date well drilling completed: 9-7-11

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

Static Water Level: 203 feet above below (circle one) land surface Date measured: 9-7-11

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

Hole depth: 380 Well depth: 360 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .008 inches Setting depth: From 320 feet to 360 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.

John W Thompson 0-679
 Print Name of Water Well Contractor and License No.

John W Thompson
 Signature of Water Well Contractor

RECEIVED

2011

BY: OLIVER