

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 #: J-90
L. S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 7-22-05

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>Tellus Operating Group</u>	Latitude: <u>32° 17' 22"</u>	Longitude: <u>90° 37' 25"</u>			
Mailing Address: <u>P.O. Box 14108</u>	Method of Lat/Long (circle one): Conventional Survey.				
<u>Jackson MS</u>	USGS quad. Hand-held GPS. Survey-grade GPS				
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 8 Twn 5N Rng 4W</u>				
Telephone No. () _____	Distance: <u>3</u> Miles	Direction: <u>S</u>	Nearest Town: <u>Edwards</u>		

Well Data

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

Date well drilling started: 7-20-05 Date well drilling completed: 7-22-05

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 7-22-05

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

Hole depth: 260 Well depth: 220 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: .010 inches Setting depth: From 100-120 ~~to~~ 160-200 feet.

Type of completion (circle all applicable): Gravel packed Underrreamed 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: J-90

Name of organization running log(s): MDER

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.

Print Name of Water Well Contractor and License No. John W. Thompson 0-0679

Signature of Water Well Contractor John W. Thompson

No pump was set.

AUG 15 2005
BY: OLWR

