

2 well

State Well Report

Part 1

County: Holmes
 Permit #: _____
 Driller: Office of Geology (MDEQ)
 Date drilling completed: 6/13/05
DE G Justice

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 #: B-41
 L. S. Elevation: _____
 E-log #: HO-B704

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>John Killebrew</u>	Latitude: <u>33° 18' 23"</u> Longitude: <u>90° 09' 05"</u>
Mailing Address: <u>607 East Park Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Greenwood MS 38930</u>	<u>NE 1/4 SW 1/4 Sec 25 Twn 17N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town <u>6 Miles E of CRUGER</u>
Telephone No. (____)	

Well Data

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

Date well drilling started: 6/13/05 Date well drilling completed: 6/21/05

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: 550 Well depth: 204 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 194 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .13 inches Setting depth: From 194 feet to 204 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): Office of Geology

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.

Cletus Magee
 Print Name of Water Well Contractor and License No.

Cletus Magee
 Signature of Water Well Contractor

RECEIVED
 JUL 17 2005
 BY: OLWR

