

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: E 244  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW-47342 ✓  
Driller: Tommy Peacock  
Date drilling completed: 8/9/13

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Robert A. Hairston</u>	Latitude: <u>33-09-25</u> Longitude: <u>90-33-31</u>
Mailing Address: <u>P.O. Box 90</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Silver City</u> MS <u>39166</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 SE 1/4, Sec 12 T 15N R 04W</u>
Telephone No. <u>(662) 247-3775</u>	<u>3</u> Miles <u>W</u> of <u>Belzoni</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/9/13</u> Date drilling completed: <u>8/9/13</u> Hole depth: <u>123</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Fish pond 1 mile East of well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tank</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: <u>123</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: <u>83.60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.05</u> inches Setting depth: From <u>60</u> feet to <u>80</u> feet <u>103</u> <u>to</u> <u>123</u>
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

*If telescoped or more than one screen, describe on next page*

