

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)

County: Humphreys
Permit #: 6W40364
Irrigation Equipment
Driller: _____
Date drilling completed: 9-13-05

For Office Use Only:
Aquifer: _____
Well #: J-112
L. S. Elevation: _____
E-log #: _____

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
U.S. Fish & Wildlife Services Owner Name c/o Theodore Roosevelt NWR Mailing Address: 728 Yazoo Refuge Road Hollandale MS 38748 City State Zip Code 662-839-2638 Telephone No. ()	Latitude: <u>33. 00, 96N</u> Longitude: <u>90 . 25, 11W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>32</u> Twn <u>14N</u> Rng <u>2W</u> Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Carter</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9-13-05 Date well drilling completed: 9-13-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 20' feet above or below (circle one) land surface Date measured: 10-3-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 127 Well depth: 127' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From 88 feet to 127 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

RECEIVED
OCT 11 2005
BY: OLWR

