

Part 2 never received 3/13

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: _____
Well #: J-113
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: _____
Driller: Willie L. Bryant
Date drilling completed: 10-29-05

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>Albert Anderson</u> | Latitude: <u>33° 02' 82"</u> Longitude: <u>090° 29' 08"</u> |
| Mailing Address: <u>P.O. Box 53</u> <u>3574 Richland Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Silver City MS 39166</u> City State Zip Code | <u>SW 1/4 NW 1/4 Sec 22 23 Twn 14N Rng 3 W</u> |
| Telephone No. <u>(662) 836-3069</u> | Distance Direction Nearest Town <u>5 Miles South of Silver City</u> |

Well Data

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

Date well drilling started: 10-29-05 Date well drilling completed: 10-29-05

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 10-29-05

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 110' Well depth: 108' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88' feet Casing diameter: 4" inches Type of casing: PVC 160

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC SCH 40

Screen slot size: .010 inches Setting depth: From 88 feet to 108 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.

Willie L. Bryant 0-639
Print Name of Water Well Contractor and License No.

Willie L. Bryant
Signature of Water Well Contractor

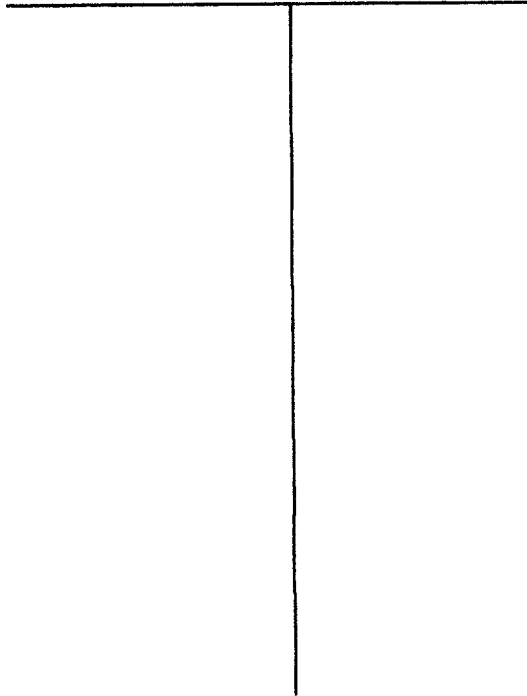
Drilled for;
Irrigation Equipment Inc.
Indianola, MS

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If well telescopes please sketch below and show depths.

J-113

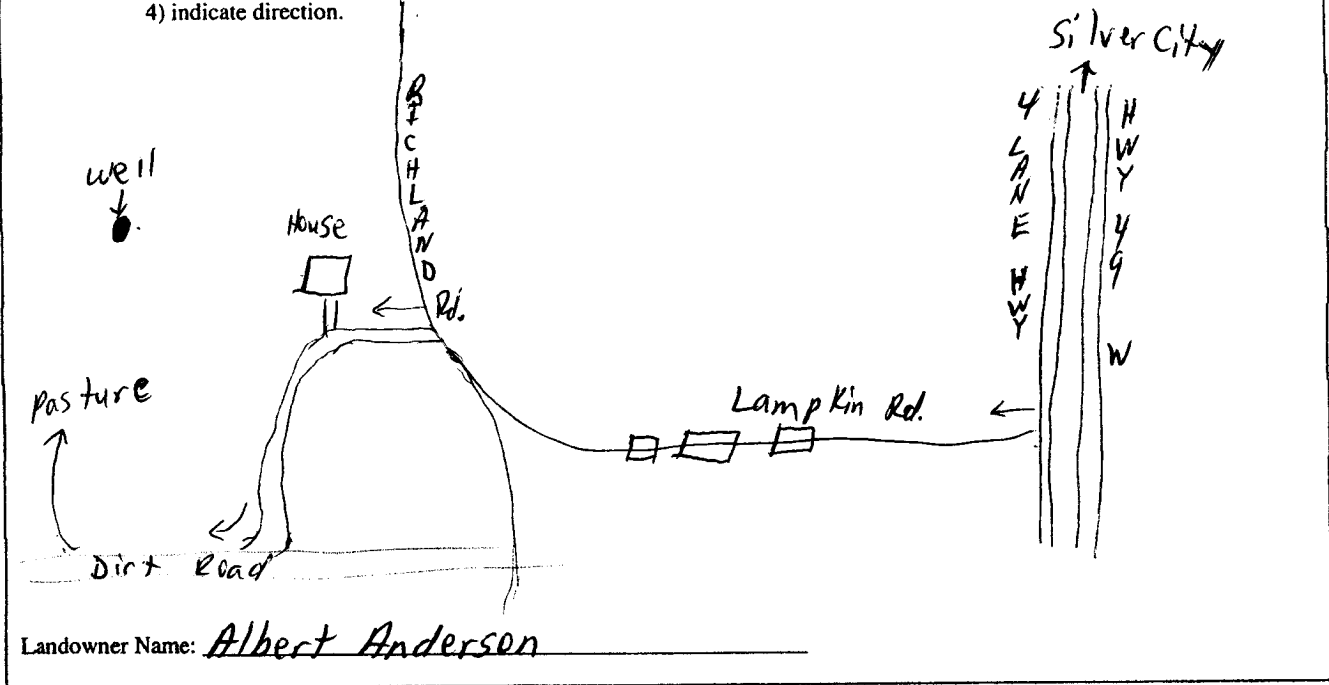
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil + Brown Sand | 0 | 20 |
| Brown + med. Sand | 20 | 40 |
| Med. sand + gravel | 40 | 60 |
| Coarse gravel | 60 | 80 |
| gravel | 80 | 100 |
| gravel | 100 | 108 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Wilho L. Bryant
Signature of Water Well Contractor

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