

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 #: L-85 053
L. S. Elevation: _____
E-log #: _____

County: Humphreys

Permit #: _____

Driller: MAT Nickles

Date drilling completed: 8-25-04

B & B Well Pump & Plumbing, Inc.

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>Mr. James Campbell</u>	Latitude: <u>32° 58' 03" N</u> Longitude: <u>090° 28' 26" W</u>
Mailing Address: <u>P.O. Box 1347</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>YAZOO City MS. 39194</u>	<u>1/4 1/4 Sec 23 Twn 13 N Rng 3 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 746-7924 office</u>	<u>3 Miles WEST of CARTER MS.</u>

Well Data

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

Date well drilling started: 8-24-04 Date well drilling completed: 8-25-04

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

Static Water Level: 44' feet above or below (circle one) land surface Date measured: 9-2-04

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

Hole depth: 980 ft Well depth: 960 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 30 feet Screen diameter: 2 inches Type of screen: P.V.C.

Screen slot size: .008 inches Setting depth: From 930 feet to 960 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: 200 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.

Robert Byars 0-543

Robert Byars

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
SEP 13 2004
BY: OLWR

