

Part 2 never received 3/13

# State Well Report

## Part 1

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Havard  
 Date drilling completed: 6-10-06

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 #: H-125  
 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
Owner Name: <u>John A. Fletcher</u>	Latitude: <u>30° 37' 27.1"</u> Longitude: <u>88° 29' 54.1"</u>
Mailing Address: <u>7301 Park Ridge Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> <u>34</u>
<u>Mass Point MS 39562</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 16<sup>9</sup> Twn T55 Rng R5W</u>
Telephone No. <u>(601) 588-0480</u>	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Hurley</u>

**Well Data**

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

Date well drilling started: 6-10-06 Date well drilling completed: 6-10-06

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 6-10-06

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 12' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65' feet Casing diameter: 4" inches Type of casing: 540 PVC

Screen length: 15' feet Screen diameter: 4" inches Type of screen: WGP PVC

Screen slot size: 70-80 (.012) inches Setting depth: From 65 feet to 80 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.

Michael S. Havard 0-673  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

RECEIVED  
 JUN 23 2006  
 BY: OLWR

