

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 #: K-47
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 3-13-06

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>Dewayne Winham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2119L CR 528</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bay Springs, MS 39422</u> City State Zip Code	1/4 Sec <u>36</u> Twp <u>2N</u> Rng <u>11E</u>
Telephone No. <u>(601) 764-3818</u>	Distance <u>0</u> Miles Direction <u>E</u> of Nearest Town <u>Bay Springs</u>

Well Data

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

Date well drilling started: 3-7-06 Date well drilling completed: 3-13-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 460 Well depth: 460 Well grouted to a depth of 270 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 006 inches Setting depth: From 370 feet to 450 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: 330 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.

McDonald & Hill, Inc.

Harold Hill

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
MAR 17 2006
BY: OLWR

