

Harrison 5-9#1

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 #:	<u>P 66</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Jasper</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>9-24-12</u>

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>Renaissance</u>	Latitude: <u>31.57.08</u> Longitude: <u>089.05.50</u>
Mailing Address: <u>17625 El Camino ste 200</u> <u>Houston TX 77058</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. () _____	NW 1/4 SW 1/4 Sec <u>5</u> Twn <u>1N</u> Rng <u>11W</u>
	Distance: <u>6</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Heidelberg</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>	
Date well drilling started: <u>9-22-12</u>	Date well drilling completed: <u>9-24-12</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>563</u> feet	Well depth: <u>540</u> feet
Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>440</u> feet	Casing diameter: <u>4</u> inches
Screen length: <u>100</u> feet	Screen diameter: <u>4</u> inches
Screen slot size: <u>.008</u> inches	Setting depth: From <u>440</u> feet to <u>540</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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.

John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

RECEIVED
OCT 02 2012
BY: OLWR

