

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-14
L. S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 2-10-06

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>Billie Morgan</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>158 Morgan Lane</u> <u>Sumrall, MS 39482</u>	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>16N</u> Rng <u>6W</u> <u>6N</u> <u>16W</u>	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>Passfield</u>	
City _____ State _____ Zip Code _____	Telephone No. (____) _____		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>2-10-06</u> Date well drilling completed: <u>2-10-06</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>2-10-06</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>80</u> Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>008</u> inches Setting depth: From <u>60</u> feet to <u>80</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <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.			
<u>JAMES WELLS</u> <u>0-586</u>		<u>James Wells</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED

MAR 09 2006

BY: OLWH

