

Part 2 never received 3/13

County: JONES
 Permit #: _____
 Driller: A1 DRILLING SERVICE INC
 Date drilling completed: 3/24/06

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 #: B-96
 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>WILLIAM WELLS</u>	Latitude: <u>31.46.59</u>	Longitude: <u>89.12.14</u>	
Mailing Address: <u>20 FLYNT RD</u>	Method of Lat/Long (circle one): Conventional Survey.		
<u>LAUREL MS 39443</u> City State Zip Code	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>		
Telephone No. <u>(601) 649-1818</u>	NW <u>4</u> Sec <u>4</u> Twn <u>9N</u> Rng <u>12W</u>		
	NW NE Direction Nearest Town Distance <u>8 1/2</u> Miles <u>NW</u> of <u>LAUREL</u>		
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply <u>irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>3-21-06</u>		Date well drilling completed: <u>3-24-06</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____			
Static Water Level: <u>69 1/2</u> feet above of <u>below</u> (circle one) land surface		Date measured: <u>3-24-06</u>	
Method of Measurement (circle one): steel tape <u>electric tape</u> air line other: _____			
Mole depth: <u>222</u>		Well depth: <u>221</u> Well grouted to a depth of <u>11</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>203</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 SLOTTED</u>	
Screen slot size: <u>006</u> inches		Setting depth: From <u>201</u> feet to <u>221</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
Other (describe): _____			
Top of tap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>None</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running logs: <u>NA</u>			
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>Wilbert T. Baughman 0410</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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APR 10 2006
BY: OLWR

