

Part 2 never received

3/13

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-106
L. S. Elevation: _____
B-log #: _____

County: Jones
Permit #: _____
Driller: David West
Date drilling completed: 9-9-09

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>David Morris</u> | Latitude: <u>31.42.39</u> - Longitude: <u>89.14.05</u> - |
| Mailing Address: <u>183 Lebanon Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Laurel</u> <u>MS</u> <u>39443</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 Sec 31</u> <u>Twn 9N</u> <u>Rng 12W</u> |
| Telephone No. <u>(601) 729-5489</u> | Distance <u>3</u> Miles Direction <u>W</u> of Nearest Town <u>Laurel</u> |

Well Data

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

Date well drilling started: 9-9-09 Date well drilling completed: 9-9-09

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 9-9-09

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

Hole depth: 55 Well depth: 55 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: 10/10 inches Setting depth: From 45 feet to 55 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.

David A. West 0-672 David A. West

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

