

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 #: J-135
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 1-12-08

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>At Watkins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Monroe rd</u> <u>Ellisville MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>7N</u> Rng <u>14W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>NW</u> of <u>Marcella</u>

Well Data

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

Date well drilling started: 1-10-08 Date well drilling completed: 1-12-08

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

Static Water Level: 134 feet above or below (circle one) land surface Date measured: 1-12-08

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

Hole depth: 310 Well depth: 310 Well grouted to a depth of 30 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 290 feet to 310 feet

Type of completion (circle all applicable): Gravel packed Undreamed 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.

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

John W Thompson
Signature of Water Well Contractor

RECEIVED
FEB 01 2008
BY: OLWR

