

County: LAFAYETTE 071

Permit #: _____

Driller: Parks and Parks Water Well Service Inc

Date drilling completed: 9/29/04

Well Driller Report and Well Log

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 #: P-9

L. S. Elevation: _____

E-log #: _____

71

Never received Part 2 3/13

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>JAMIE FOSHEE</u>	Latitude: <u>34° 12' 52"</u> Longitude: <u>89° 27' 04"</u>
Mailing Address: <u>131 CR 475</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>WATER VALLEY</u> MS <u>38965</u>	<u>NO</u> 1/4 <u>SE</u> 1/4 Sec <u>18</u> Twn <u>10S</u> Rng <u>2W</u>
City State Zip Code	<u>SE</u> <u>NW</u>
Telephone No. () _____	Distance _____ Miles Direction _____ Nearest Town _____ of _____

Well Data

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

Date well drilling started: 9/29/04 Date well drilling completed: 9/30/04

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) steel tape electric tape air line other: _____

Hole depth: 180 Well depth: 180 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 120 feet to 160 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): _____

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NOV 04 2004
BY: OLWR

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.

RAYBUAN PARKS 0-414

Print Name of Water Well Contractor and License No.

Rayburn Parks

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

