

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 #: M-137
L. S. Elevation: _____
E-log #: _____

County: LAUDERDALE
Permit #: _____
Driller: ARNOLD CHAPEL
Date drilling completed: 4/20/07

MW-49

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>US NATIONAL GUARD</u>	Latitude: <u>32° 20' 02.2"</u> Longitude: <u>88° 44' 07.54"</u>
Mailing Address: <u>6225 M STREET</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MERIDIAN MS 39307</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 27 Twn 6N Rng 15E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2 Miles SW of MERIDIAN</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>MONITORING</u>	
Date well drilling started: <u>4/20/07</u> Date well drilling completed: <u>4/20/07</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>10.0'</u> feet above or below (circle one) land surface Date measured: <u>4/20/07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>27.0'</u> Well depth: <u>27.0'</u> Well grouted to a depth of <u>15.0'</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>17.0'</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10.0'</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>17.0'</u> feet to <u>27.0'</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>ARNOLD CHAPEL/0-657</u>	<u>Arnold Chapel</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

MW-49

M-137

Description of Formations Encountered	From	To
Brown, moist, SILT & CLAY	0	4
Brown, wet, fine/medium SAND & SILT	4	10

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

SEE MAP ON BACK

Landowner Name: US NATIONAL GUARD

Arnold L. Chynel
Signature of Water Well Contractor

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