

County Lawrence Co.
 Driller # _____
 Driller Larry Easley
 Date logging completed 5-9-05

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-32

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State Law requires that this report be prepared by the driller in detail and filed with the Department of Environmental Quality within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name Doug Koanichi
 Mailing Address 269 Oliver Wilson Rd
Monticello Miss 39654
 City State Zip Code

Telephone No. _____

Well Location

Latitude _____ Longitude _____

Method of Lat/Long (circle one) Conventional _____
 USGS quad. Hand-held GPS. Survey station _____

Distance 3 Miles Direction East of Nearest town Monticello

Well Data

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

Date well drilling started 5-9-05 Date well drilling completed 5-9-05

Flowing method of flow regulation None 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 _____

Well depth 300 Well grouted to a depth of _____

Type of grout (circle one) Cement Bentonite _____ Mix _____

Casing length 0 feet Casing diameter 0 inches Type of casing _____

Screen length 0 feet Screen diameter 0 inches Type of screen _____

Screen slot size 0 inches Setting depth From 0 feet to 0 feet

Type of completion (circle all applicable) Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____

Other (describe) plugged

Log or tap pipe or reduction in casing _____ feet If telescoped or more than one screen, describe on back of report

Logs run (circle all applicable) No log run _____ Electric Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other _____

Name of organization running log(s) Deo

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.

Print Name of Water Well Contractor and License No LARRY EASLEY 510

Signature of Water Well Contractor Larry Easley

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 BY: OLWR

