

State Well Report

Part I

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 #: G-0115
 L. S. Elevation: _____
 E-log #: G-0115

County: Leflore
 Permit #: _____
 Driller: MDER / Ecology
 Date drilling completed: 11-16-2004

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>Wayne Bush</u>	Latitude: <u>33° 36' 34"</u> Longitude: <u>90° 20' 26"</u>
Mailing Address: <u>Rt. 1, Pop Ely</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Schlater MS 38952</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 7 Twn 20N Rng 1W</u>
Telephone No. <u>(662) 658-1166</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well Data

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

Date well drilling started: 11-15-2004 Date well drilling completed: 11-16-2004

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: 300' Well depth: _____ Well grouted to a depth of 300' feet

Type of grout (circle one): Cement Bentonite MIX

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

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

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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): MDER

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.

Archie McKenzie 0-555
 Print Name of Water Well Contractor and License No.

AK M76
 Signature of Water Well Contractor

MDER / OLW
 New Hope Farms #1

RECEIVED
 NOV 30 2004
BY: OLWR

