

Part 2 never received 4/13

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 #: F-99
L. S. Elevation: _____
E-log #: _____

County: Louises
Permit #: _____
Driller: McDonald-Hill Inc.
Date drilling completed: 3-10-08

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>Joe Gillis</u> | Latitude: <u>33° 29' 17"</u> Longitude: <u>88° 29' 27"</u> |
| Mailing Address: <u>P.O. Box 5355</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Columbus</u> MS <u>39704</u> | SE 1/4 NW 1/4 Sec <u>20</u> Twn <u>19N</u> Rng <u>19W</u> 17E |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 356-4716</u> | <u>3.5</u> Miles <u>W/SW</u> of <u>Columbus</u> |

Well Data

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

Date well drilling started: 2-28-08 Date well drilling completed: 3-10-08

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 3-10-08

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

Hole depth: 660 Well depth: 660 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 5 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 1/2 inches Type of screen: stainless steel

Screen slot size: #.012 inches Setting depth: From 620 feet to 660 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: 280 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.

McDonald-Hill Inc. #0-8
Print Name of Water Well Contractor and License No.

Shaald Hill
Signature of Water Well Contractor

