

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-38
L. S. Elevation: _____
E-log #: _____

County: Madison
Permit #: _____
Driller: F.M. "Bud" CRESSWELL
Date drilling completed: 6-5-08

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>John Lundy</u> | Latitude: <u>32° 39' 59"</u> Longitude: <u>90° 02' 18"</u> |
| Mailing Address: <u>210 EAST CAPITOL ST.</u> <u>SUITE 1262</u> <u>JACKSON, MS. 39201</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held) GPS</u> , Survey-grade GPS ____ ¼ ____ ¼ Sec <u>33</u> Twn <u>10-N</u> Rng <u>2-E</u> |
| Telephone No. <u>(601) 948-6020</u> | Distance <u>4</u> Miles Direction <u>North</u> of Nearest Town <u>Canton</u> |

Well Data

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

Date well drilling started: _____ Date well drilling completed: _____

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: _____ Well depth: _____ Well grouted to a depth of _____ 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): State

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.

ERNEST M. CRESSWELL 0-150

Ernest M. Cresswell

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
JUL 02 2008
BY: OLWR

