

APR-20-06 08:58 FROM-LAND & WATER

861-354-6938

T-544 P.02

F-442

### State Well Report

#### Part 1 - Driller's Log

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)

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Marcus H. Heard  
 Date drilling completed: 12-12

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: W-102  
 L. S. Revision: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>N/A</u> Mailing Address: <u>Lot 254 old trace hwy</u> <u>Madison ms</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>(601) 624-6036</u> Contractor: _____		<b>Well or Borehole Location</b> Latitude: <u>N 32-27.513</u> Longitude: <u>W 90-03.234-</u> <u>31</u> <u>14</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <u>S4 N 1/4 Sec 12 T2 N R2 E</u> Distance: _____ Direction: _____ Nearest Town: _____ <u>10</u> Miles <u>South</u> of <u>Bridge Land</u>
<b>Well / Borehole Data</b> Date drilling started: <u>12-10</u> Date drilling completed: <u>12-12</u> Hole depth: <u>225</u> Hole diameter: <u>4 1/4</u> Location of the source of any surface water used for drilling: _____ Method of casing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ <u>Ground Source Heat Pump</u> _____ Seismic Survey _____ Other (describe) _____ <i>(If drilling is not related to water well construction, fill the remainder of this block)</i> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____ If a flowing well, 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 _____ Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat 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 <i>If increased or more than one screen, describe on next page</i>		

