

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-184
 L. S. Elevation: _____
 E-log #: _____

County: Marshall
 Permit #: _____
 Driller: James Mason
 Date drilling completed: 8-1-04

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>Jan & Builders</u>	Latitude: <u>34.47.380</u> Longitude: <u>89.68.543</u>
Mailing Address: <u>LOT 26 shady wind cove</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>South creek subdivision</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Byhalia MS 38611</u>	<u>NE 1/4 SW 1/4 Sec 27 Twn 35 Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 560-8083</u>	<u>3.14</u> Miles <u>E</u> of <u>Watson center</u>

Well Data

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

Date well drilling started: 8-1-04 Date well drilling completed: 8-1-04

If flowing, method of flow regulation: Valve _____ Other (describe) none

Static Water Level: 63 feet above or below (circle one) land surface Date measured: 8-1-04

Method of Measurement (circle one) steel tape electric tape air line other: string cut weight

Hole depth: 95' Well depth: 95' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85' feet Casing diameter: 4" inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 0.010 inches Setting depth: From 85 feet to 95 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: none 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.

James W Mason 0-620
 Print Name of Water Well Contractor and License No.

James W Mason
 Signature of Water Well Contractor

RECEIVED
 SEP 03 2004
 BY: OLWR

