

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)

For Office Use Only:

Aquifer: P82
Well #: A-79
L. S. Elevation: _____
E-log #: Monr P0079

County: MONROIE
Permit #: _____
Driller: PARKS & PARKS WELL SERVICE
Date drilling completed: 1-14-07

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CITY OF ABERDEEN</u>	Latitude: <u>33° 47' 53"</u> Longitude: <u>88° 35' 01"</u>
Mailing Address: <u>125 W. Commerce ST</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>ABERDEEN MS 39730</u>	<u>NE 1/4 SE 1/4 Sec 5 Twn 15S Rng 7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 369-2881</u>	<u>5 Miles SW of ABERDEEN</u>

Well / Borehole Data

Date drilling started: 1-2-07 Date drilling completed: 1-14-07 Hole depth: 514 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: ABERDEEN WATER DIST

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm

Logs run (circle all applicable): No log run Electric Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____

Name of organization running log(s): MSGS

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) TEST HOLE

If drilling is not related to water well construction, skip the remainder of this block

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 tap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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BY: OLWR