

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

County: Neshoba  
Permit #: \_\_\_\_\_  
Driller: Smiths Well Drilling  
Date drilling completed: 4-11-14

**For Office Use Only:**

Well #: J30  
Aquifer: \_\_\_\_\_  
E-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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Central Water Association</u>	Latitude: <u>32° 43' 45.15"</u> Longitude: <u>-89° 13' 45.94"</u> <span style="margin-left: 100px;">45</span> <span style="margin-left: 100px;">46</span>
Mailing Address: <u>915 Valley View Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Phila</u> <u>Miss</u> <u>39350</u>	<u>NW 1/4 SW 1/4, Sec 12 T. 10N R. 10E</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 656-6171</u>	

**Well / Borehole Data**

Date drilling started: 4-9-14 Date drilling completed: 4-11-14 Hole depth: 500<sup>FT</sup> Hole diameter: 6"

Location of the source of any surface water used for drilling: Central water

Method of dosing and volume of Chlorine used in drilling and development: None

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

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one): Water Well  **Geotechnical/Geological Investigation**  Ground Source Heat Pump   
Seismic Survey  Other (describe) \_\_\_\_\_

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

Purpose of Well (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture   
Other (describe): Test Hole PA

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe) \_\_\_\_\_

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  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

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BY OLWR



J30

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tim Smith      0202      4-27-14      Tim Smith  
Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

Form: OLWR-SWR-1A (4/13)

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