

State Well Report

Part I

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: Pearl River
Permit #: _____
Driller: Travis Boone
Date drilling completed: 1-12-06

For Office Use Only:
Aquifer: _____
Well #: X-174
L. S. Elevation: _____
E-log #: _____

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>Charles Bartley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>44 Morris Blvd.</u> <u>Picayune, MS</u> <u>39466</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>15</u> Twn. <u>6N</u> Rng. <u>16W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>5.2</u> Miles <u>E</u> of <u>Picayune</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>1-12-06</u> Date well drilling completed: <u>1-12-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>40</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-12-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>stringline</u>	
Hole depth: _____ Well depth: <u>55</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>45</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch 40</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>sch 40</u>	
Screen slot size: <u>8</u> inches Setting depth: From <u>4.5</u> feet to <u>5.5</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): _____	
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.	
<u>Travis Boone</u> Print Name of Water Well Contractor and License No.	<u>Travis Boone</u> Signature of Water Well Contractor

