

County: Perry
 Permit #: _____
 Driller: A-1 Drilling Serv.
 Date drilling completed: _____

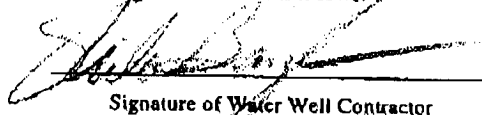
State Well Report

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)

For Office Use Only:
 Aquifer: _____
 Well #: D-56
 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>Van Houseling</u>	Latitude: <u>N 31° 18.565'</u>	Longitude: <u>W 89° 04.794'</u>	
Mailing Address: <u>159 Prospect Rd.</u>	Method of Lat/Long (circle one): Conventional Survey.		
<u>Richton</u> <u>Ms</u> <u>39476</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 15 Twn 4 N Rng 11 W</u>		
Telephone No: <u>(601) 969-3592</u>	Distance <u>1</u> Miles	Direction <u>S</u>	Nearest Town <u>Runnels town</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>4-9-08</u>		Date well drilling completed: <u>4-9-08</u> <u>Test hole only</u>	
If flowing, 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: _____			
Hole depth: <u>170'</u> Well depth: _____ Well grouted to a depth of _____ feet			
Type of grout (circle one): 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): <u>Test hole only - temp plugged - will make permanent well soon</u>			
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): <u>No log run</u> 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>Mike Baughman</u> <u>0587</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

