

APR-21-2006 03:27P FROM:

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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: Perry
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 3-22-06

For Office Use Only:
 Aquifer: _____
 Well #: H-48
 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>Julie McDonald</u>	Latitude: _____ " _____ "	Longitude: _____ " _____ "	
Mailing Address: <u>802 Wim Mate Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>New Augusta, MS</u>	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>3N</u> Rng <u>10W</u>		
City: _____ State: _____ Zip Code: <u>39462</u>	Distance: <u>4</u> Miles	Direction: <u>E</u>	Nearest Town: <u>New Augusta</u>
Telephone No. () _____			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: _____		Date well drilling completed: _____	
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>150 ft</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): _____			
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.			
Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

stopped at customers request

RECEIVED

APR 21 2006

BY: OLWR

