

Part 2 never received

County: Perry
 Permit #: _____
 Driller: M.R.
 Date drilling completed: 2-20-06

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 #: R-28
 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>Clayton Hinton</u>	Latitude: <u>30.59.14</u> " Longitude: <u>88.58.20</u> "
Mailing Address: <u>400 Bernside Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Janicie</u> <u>Ms</u>	<u>NE 1/4</u> <u>SG 14</u> <u>Sec 3</u> <u>Twp 715</u> <u>Rag R10W</u>
City State Zip Code	Distance <u>11</u> Miles <u>SW</u> of <u>Bloomington</u>
Telephone No. ()	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2-14-06 Date well drilling completed: 2-20-06

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: 45 Well depth: 45 Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 40 feet to 45 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lag 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.

Michael R Fry Fogle 0408
 Date Name of Water Well Contractor and License No.

Michael R Fry Fogle
 Signature of Water Well Contractor

I well set pump

RECEIVED
 MAR 28 2006
 BY: OLWR

