

State Well Report

Part 1

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 #: F-80
L. S. Elevation: _____
E-log #: _____

County: Rankin
Permit #: _____
Driller: Glen Breeland
Date drilling completed: 10-19-05

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>172nd Airlift Wing</u>	Latitude: <u>32°19'14"</u> Longitude: <u>90°04'40"</u>
Mailing Address: <u>A.C. Thompson Field</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.O. Box 98109</u>	<u>SW 1/4 NE 1/4 Sec 34 Twn 6N Rng 2E</u>
<u>Jackson MS 39298</u>	Distance Direction Nearest Town
City State Zip Code	<u>0</u> Miles of <u>Jackson</u>
Telephone No. <u>(601) 939-5631</u>	

Well Data monitoring well

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: MW-9

Date well drilling started: 10-17-05 Date well drilling completed: 10-19-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 12.5 feet above or below (circle one) land surface Date measured: 10-19-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 25.5 Well depth: 25 Well grouted to a depth of 9' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 15.5 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 9.5 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 15.5 feet to 2.5 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.

John M. Matthews #690
Print Name of Water Well Contractor and License No.

John M. Matthews
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
<i>Reddish Clay</i>	<i>0</i>	<i>5</i>
<i>Silty reddish sand</i>	<i>5</i>	<i>10</i>
<i>Gray silty sand</i>	<i>10</i>	<i>25</i>

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

In Back of Packet

Landowner Name: *172nd Airlift Wing*

John M. Matta

Signature of Water Well Contractor

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