

# 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 #: F-82  
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' 41"</u>
Mailing Address: <u>A.C. Thompson Field</u> <u>P.O. Box 98109</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jackson</u> MS <u>39298</u> City State Zip Code	SW <u>1/4</u> NE <u>1/4</u> Sec <u>34</u> Twn <u>6N</u> Rng <u>2E</u>
Telephone No. <u>(601) 939-5631</u>	Distance _____ Direction _____ Nearest Town <u>Jackson</u> <u>0</u> Miles _____ of _____

Well Data monitoring well

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: MW-8

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: 9 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 11' feet

Type of grout (circle one): Cement Bentonite Mix

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

Screen length: 25 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 15.5 feet to 25 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

APPROVED  
OCT 19 2005  
BY OLWR

