

Well Pa A 6/24/09

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 #: K215
L. S. Elevation: 381
E-log #: _____

County: Rankin
Permit #: Water Well Services
Driller: ~~6-15-09~~
Date drilling completed: 6-15-09

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>City of Pearl</u>	Latitude: <u>32.18 25</u> Longitude: <u>90.03 20</u>
Mailing Address: _____	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>Pearl, MS</u>	SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>1</u> Twn <u>5N</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Towny
Telephone No. () _____	<u>0</u> Miles of <u>Pearl</u>

Well Data

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

Date well drilling started: 4-20-09 Date well drilling completed: 6-15-09

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

Static Water Level: N.A feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 1325' 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): State of MS Log # K0215

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.

Arnold Fincher Sr 0598
Print Name of Water Well Contractor and License No.

Arnold Fincher
Signature of Water Well Contractor

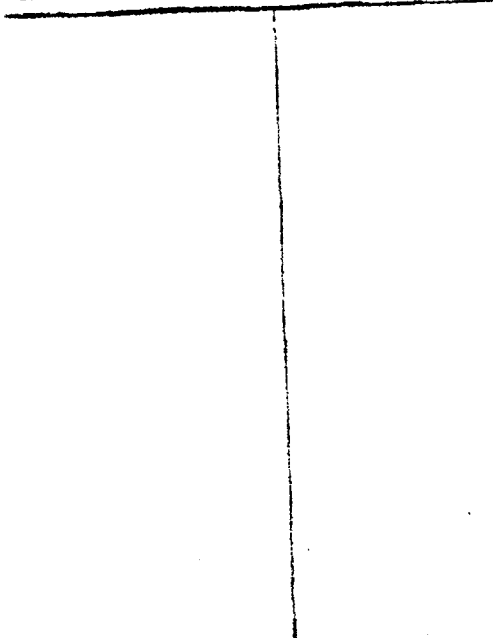
Log Hole only

RECEIVED
JUL 09 2009
BY: OLWR

If well telescopes please sketch below and show depths.

K 215

Ground Level



Description of Formations Encountered	From	To
Clay	0	30
Sand	30	120
Yazoo Clay	120	550
Muddy Branch	550	580
Clay	580	620
Sand	620	815
Clay	815	1080
Sand	1080	1120
Clay	1120	1160
Sand	1160	1195
Clay	1195	1245
Sand	1245	1300
Clay	1300	1325

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.

Landowner Name: _____

Armed Finch Sr
 Signature of Water Well Contractor

RECEIVED
 JUL 09 2009
 BY: OLWR