

Part 2 never received 4/13

County: Scott
 Permit #: MS-GW 16141
 Driller: Herndon Well
 Date drilling completed: 9-15-04

Well Driller Report and Well Log

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 #: 2-45
 L. S. Elevation: _____
 E-log #: _____

Part 2 never received

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 Morton</u>	Latitude: <u>32.20.30</u> Longitude: <u>89.40.45</u>
Mailing Address: <u>P.O. Box 555</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Morton MS 39117</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 21 Twn 6N Rng 6E</u>
Telephone No. <u>(601) 732-8609</u>	Distance <u>1/2</u> Miles Direction <u>West</u> of Nearest Town <u>Hwy 80 + 13 intersect</u>

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BY: OLWR

Well Data

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

Date well drilling started: 8-17-04 Date well drilling completed: _____

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

Static Water Level: 330 feet above or below (circle one) land surface Date measured: 9-21-04

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

Hole depth: 940' Well depth: 920' Well grouted to a depth of 815' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 815 feet Casing diameter: 116 inches Type of casing: coated steel

Screen length: 100 feet Screen diameter: 10 inches Type of screen: Stainless Wire Wrap

Screen slot size: .020 inches Setting depth: From 820 feet to 920 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: 720 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, Gee

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.

Robert E Herndon .021
 Print Name of Water Well Contractor and License No.

Martin E Hernd
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

