

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)

County: SHARKEY
Permit #: 0-7736W40
Driller: JOHN NEWCOME
Date drilling completed: 3-24-06

For Office Use Only:
Aquifer: _____
Well #: A-123
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>MARTIN FARMS</u>	Latitude: <u>33.04.42</u> " Longitude: <u>090.49.19</u> "
Mailing Address: <u>PO Box 454</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>ANGULA, MS. 38721</u> City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>9</u> Twn <u>14N</u> Rng <u>6W</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>NORTH</u> of Nearest Town <u>NITTA YUMA</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>3-24-06</u> Date well drilling completed: <u>3-24-06</u>	
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: <u>103</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.	
<u>JOHN NEWCOME 0-773</u> Print Name of Water Well Contractor and License No.	<u>John Newcome</u> Signature of Water Well Contractor

RECEIVED
APR 11 2006
BY: OLWF

