

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 #: B-68
 L. S. Elevation: _____
 E-log #: _____

County: Simpson
 Permit #: _____
 Driller: Water Well Services
 Date drilling completed: 6-17-05

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>Harrisville W. A.</u>	Latitude: <u>32° 00' 56"</u> Longitude: <u>91° 04' 37"</u>
Mailing Address: <u>Harrisville Buxton Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Harrisville, Ms 39044</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Harrisville MS 39044</u>	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>2 N</u> Rng <u>2 E</u>
City State Zip Code	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Harrisville</u>
Telephone No. (<u>601</u>) <u>847-7800</u>	

Well Data

Purpose of Well (circle one) Home TEST Hole #1 Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: _____ Date well drilling completed: _____

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: _____ 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): Log Hole only - Dry Hole

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 - B-0068 - Plug with Cement

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-0598

Arnold Fincher

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

601-354-7700 RECEIVED
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 APR 29 2008
 BY: OLWR

