

### 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 #: C-31  
 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>B.F. B Chip and Timber Co</u>	Latitude: <u>32° 10' 20"</u> Longitude: <u>89° 28' 33"</u>
Mailing Address: <u>Route 2, Box 707</u>	Method of Lat/Long (circle one): <u>20</u> Conventional Survey.
<u>Forest</u> <u>MS</u> <u>39074</u>	<u>20</u> COSGS quad <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 22 Twn 4N Rng 8E</u>
Telephone No. <u>(601) 507-7502</u>	Distance Direction Nearest Town
	<u>4-5</u> Miles <u>E</u> of <u>Lorena</u>

#### Well Data

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

Date well drilling started: 2-6-08 Date well drilling completed: No well made

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: 201' Well depth: No well 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): no well made (no sand)

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describes 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.

Wilbur T. Boughman 0410 Wilbur T. Boughman

Print Name of Water Well Contractor and License No. Signature of Water well Contractor

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 FEB 14 2008  
 BY: OLWR

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SEP 11 2008

PT. O. W. F.

