

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date drilling completed: 2-29-08

### State Well Report

Part I

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 #: Q57  
 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>Town of Taylorsville</u>	Latitude: <u>31.50.00N</u> Longitude: <u>89.27.12W</u>
Mailing Address: <u>202 Eureka St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Taylorsville MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 13 Twn 10N Rng 12W</u>
Telephone No. (601) <u>785-6532</u>	Distance Direction Nearest Town <u>1.5 Miles NW of Taylorsville</u>

**Well Data**

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

Date well drilling started: 2-27-08 Date well drilling completed: 2-29-08

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: 300 Well depth: \_\_\_\_\_ Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one):  Cement  Benzoinite  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 logs: DEQ Q-57

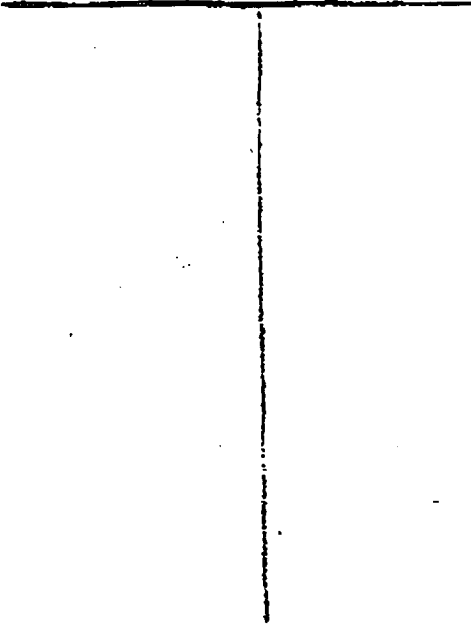
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher Jr O-560 [Signature]  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Test Hole only ~~and~~ Hole logged than Plused w/cement

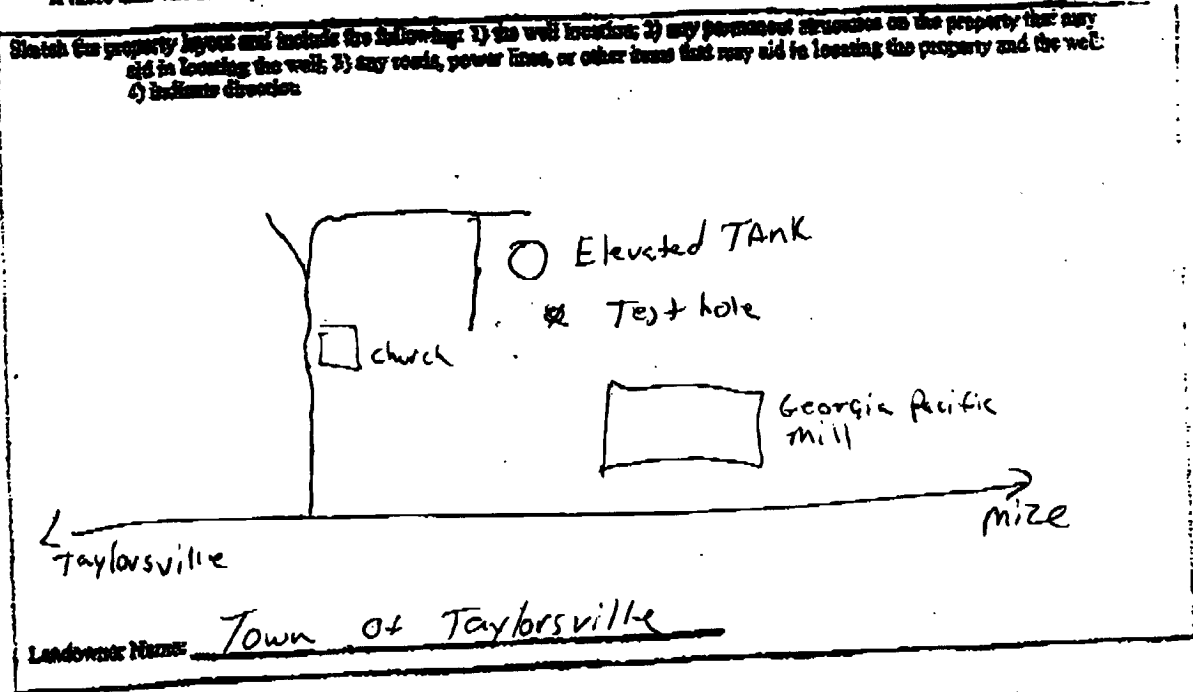
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	FROM	TO
Red Sand	0	100
Clay	100	178
Sand	178	300
Clay	300	311
Sand	311	320
Clay	320	380

If more than one screen, show location of each on sketch



  
 Signature of Water Well Contractor