

Part 2 never received 4/13

# 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 Use Only:

Acuifer: R 97  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: A-1 Drilling Serv  
Date drilling completed: 4-6-10

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>DOUBLE D ANGUS FARM</u>	Latitude: <u>31° 47' 44"</u> Longitude: <u>89° 25' 17"</u>
Mailing Address: <u>SCR 19</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> <input type="checkbox"/> USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<u>TAYLORSVILLE MS 39168</u> City State Zip Code	<u>N 1/2 NE 1/4 Sec 32 Twn 9N Rng 14W</u> NE NE Direction: <u>S</u> of <u>Taylorville</u> Distance: <u>4.2</u> Miles
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 4-5-10 Date well drilling completed: 4-6-10

If flowing, method of flow regulation: Valve - Other (describe) \_\_\_\_\_

Static Water Level: 1 feet above or below (circle one) land surface Date measured: 4-6-10

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

Hole depth: 140' Well depth: 119' Well grouted to a depth of 30 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 101 1/2 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 17 1/2 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006" @ 10 1/2' - 109'  
.008" 109' - 119' Setting depth: From 10 1/2 feet to 119 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of tap 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): \_\_\_\_\_

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. Baughman 0410  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

