

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: Stone
Permit #: _____
Driller: Michael S. Harvard
Date drilling completed: 5-29-06

For Office Use Only:
Aquifer: _____
Well #: H-63
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>Benford Bond</u>	Latitude: <u>30° 48' 31"</u> Longitude: <u>88° 59' 35"</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>23</u> Conventional Survey, <u>33</u>
<u>60 Rawls Rd</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Perkington MS 39573</u>	NW ¼ NE ¼ Sec <u>9</u> Twn <u>T35</u> Rng <u>R10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 928-3245</u>	<u>3.5</u> Miles <u>East</u> of <u>Big Level</u>

Well Data

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

Date well drilling started: 5-29-06 Date well drilling completed: 05-29-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: None feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: Ø Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: Ø feet Casing diameter: Ø inches Type of casing: Ø

Screen length: Ø feet Screen diameter: Ø inches Type of screen: Ø

Screen slot size: Ø inches Setting depth: From Ø feet to Ø feet

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

Other (describe): No well completed

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): _____

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.

Michael S. Harvard 0-693
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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H-63

If well telescopes please sketch below and show depths.

Ground Level

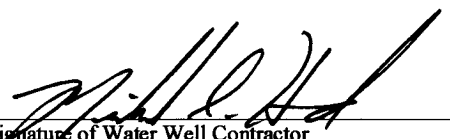
Description of Formations Encountered	From	To
Top sand	0	5
Clay	5	10
Sand	10	60
Clay	60	65
Clay	65	120

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

A hand-drawn sketch of a property layout. The property is bounded by a fence on the top and right sides. Inside the property, there is a rectangular area labeled 'House', a smaller square labeled 'shed', and a square labeled 'well' with an 'X' inside. A curved line on the left side of the sketch represents a road or boundary. The word 'Fence' is written above the top boundary and to the right of the right boundary.

Landowner Name: Benford Bond



 Signature of Water Well Contractor

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