

Part 2 never received

# State Well Report Part 1

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 10-3-06

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 #: M-38  
 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>Alex Dumitru</u>	Latitude: <u>30° 43' 41"</u> Longitude: <u>88° 51' 45"</u>
Mailing Address: <u>18 Lot Lolly Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Perkingston, ms</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39573</u>	NW <u>1/4</u> SE <u>1/4</u> Sec <u>4</u> Twn <u>45</u> Rng <u>10W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>10</u> Miles <u>SE</u> of <u>Perkingston</u>

**Well Data**

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

Date well drilling started: 10-2-06 Date well drilling completed: 10-3-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-3-06

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

Hole depth: \_\_\_\_\_ Well depth: 380 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 8 inches Setting depth: From 360 feet to 380 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 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.

Travis Boone 0-514  
 Print Name of Water Well Contractor and License No.

Travis Boone  
 Signature of Water Well Contractor