

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 #: E-50 135
 L. S. Elevation: _____
 E-log #: _____

County: Tallahatchie
 Permit #: MS-GW-16188
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-21-04

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>Geotechnical Construction Inc.</u> Mailing Address: <u>Box 239</u> <u>Mt. Olive, IL 62069-0239</u> City: _____ State: _____ Zip Code: _____ Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 27 Twn 25N Rng 1E</u> Distance: <u>7</u> Miles Direction: <u>West</u> of Nearest Town: <u>Charleston</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Dewatering Corp of Engineer Project

Date well drilling started: 10-21-04 Date well drilling completed: 10-21-04

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: 80' Well depth: 80' Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20' feet Casing diameter: 12 inches Type of casing: 160PVC

Screen length: 60' feet Screen diameter: 12 inches Type of screen: 160PVC

Screen slot size: 40' .032 inches Setting depth: From 21 feet to 80 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): _____

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 OCT 28 2004
 BY: OLWR

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.

Irrigation Equipment Inc.
 Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor: Patrick M Chism

Mailed to GCI 10-25-04 mark 314-422-5963

cell. Delay 314-422-9226

422-9227

putting this on forms

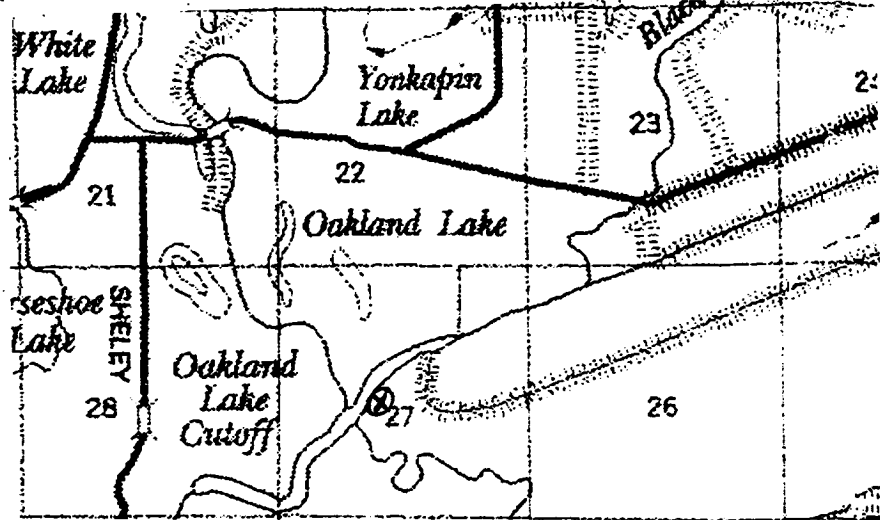
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	18
Fine Sand	19	25
Fine Sand/gravel	26	38
Med. Sand/gravel	39	80

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.



Landowner Name: _____

Patrick M. Cho
Signature of Water Well Contractor