

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: Tallahatchie
Permit #: MS-6W-16189
Irrigation Equipment
Driller: _____
Date drilling completed: 10-22-04

For Office Use Only:
Aquifer: _____
Well #: B-53 135
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>Geotechnical Construction Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 239</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Mt. Olive, IL 62069-0239</u>	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>27</u> Twn <u>25N</u> Rng <u>1E</u>
City <u> </u> State <u> </u> Zip Code <u> </u>	Distance <u> </u> Direction <u> </u> Nearest Town <u> </u>
Telephone No. (<u> </u>) <u> </u>	<u>7</u> Miles <u>West</u> of <u>Charleston</u>

Well Data Corp of Engineer Project

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

Date well drilling started: 10-22-04 Date well drilling completed: 10-22-04

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: 160

Screen slot size: 40' : .050 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

