

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)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: L-101
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: 6W 41032
Driller: Willie L. Bryant
Date drilling completed: 4-15-06

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

Owner Name: Elijah Taylor
Mailing Address: 1288 South Creek Rd.
Charleston MS 38921
City State Zip Code
Telephone No. (662) 647-5091

Well Location

Latitude: 33° 58' 27" Longitude: 090° 06' 55"
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey
USGS quad, Hand-held GPS Survey-grade GPS
NW 1/4 NW 1/4 Sec 8 Twn 24N Rng 2E
Distance 2 1/2 Miles Direction Southwest Nearest Town Charleston

Well Data

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

Date well drilling started: 4-15-06 Date well drilling completed: 4-15-06

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

Static Water Level: 8 feet above or below (circle one) land surface Date measured: 4-16-06

Method of Measurement (circle one) steel tape electric tape air line other: Rope + weight

Hole depth: 110 Well depth: 108 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 6 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 6 inches Type of screen: PVC slotted

Screen slot size: .035 inches Setting depth: From 68 feet to 108 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: 0 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.

Willie L. Bryant 0-639
Print Name of Water Well Contractor and License No.

Willie L. Bryant
Signature of Water Well Contractor

RECEIVED
MAY 05 2006
BY: OLWR

