

Part 2 never received 4/13

State Well Report

Part 1 - Driller's Log

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: Talhhatchi
 Permit #: 0368
 Driller: Joel Jumper
 Date drilling completed: 2/20/09

For Office Use Only:
 Aquifer: _____
 Well #: N93
 L. S. Elevation: _____
 B-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ray Hausner</u> Mailing Address: <u>Stl Snow Brake Rd</u> <u>Glendora MS</u> City State Zip Code Telephone No. <u>(662) 375-4455</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 53' 38" ^{CK}</u> Longitude: <u>90° 22' 06" ^{CK}</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NE 1/4</u> Sec <u>2</u> Twp <u>23N</u> Rng <u>2W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>2/20/09</u> Date drilling completed: <u>2/20/09</u> Hole depth: <u>120</u> Hole diameter: <u>26</u> Location of the source of any surface water used for drilling: <u>Ditch</u> Method of casing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>24</u> feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one) <u>Steel tape</u> electric tape air line other: _____ Well depth: <u>120</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>050</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

