

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 #: L-??
 L. S. Elevation: _____
 E-log #: _____

County: Wayne
 Permit #: _____
 Driller: M. Dougherty
 Date drilling completed: 5-10-05

A-1
 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>DAVID SMITH</u>	Latitude: <u>31.40.42</u> Longitude: <u>88.9.840</u>
Mailing Address: <u>839 STRENGTHFORD COOLEY RD</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>WAYNESBORO MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 SE 1/4 Sec 11 Twn 8N Rng 9W</u>
Telephone No. <u>(601) 735-0863</u>	Distance Direction Nearest Town
	<u>1.5 Miles W of WHISTLER</u>

Well Data

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

Date well drilling started: 5-4-05 Date well drilling completed: 5-10-05

If flowing, method of flow regulation: Valve NONE Other (describe) _____

Static Water Level: NA feet above or below (circle one) land surface Date measured: NA

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

Hole depth: 120 Well depth: 114 Well grouted to a depth of 55 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 104 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1.006 inches Setting depth: From 104 feet to 114 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): NO WELL MADE - ABANDONED

Top of lap pipe or reduction in casing: NA 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): NA

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.

A-1 DRILLING SERVICE INC. 040
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

