

County: WEBSTER
 Permit #: _____
 Driller: Parks & Parks
 Date drilling completed: 9/19/2003

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G19
 L. S. Elevation: _____
 E-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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>MT ZION WA TH #1 PW #3</u>	Latitude: <u>33° 33' 44"</u> Longitude: <u>89° 18' 06"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
_____	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
_____	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>25</u> Twn <u>20N</u> Rng <u>9E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	Miles _____ of _____

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 400 Hole diameter: 9.875

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MDEQ/OOG

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) TEST HOLE

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: _____ feet above or below (check one) land surface Date measured: _____

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

Well depth: 400 Well grouted to a depth of _____ feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (check 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 next page*

