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APR-20-08 08:58 FROM-LAND & WATER

TOTAL: SERVICE
601-384-6938

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State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10691
Jackson, MS 39289-0691
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Agdr#: _____
Well #: R-93
L.S. Elevation: _____
B-log #: _____

County: ALCOA
Permit #: _____
Driller: Andy Lewis
Date drilling completed: 4-18-07

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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>NICK RICKMAN/Contractor</u> Mailing Address: <u>Co. Rd. 512</u> <u>Carieth, MS. 38834</u> City State Zip Code Telephone No: <u>(662) 286-9140</u>		Well or Borehole Location Latitude: <u>34° 07' 13"</u> Longitude: <u>88° 35' 48"</u> <u>51</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>N</u> <u>W</u> Sec <u>6</u> Twp <u>35</u> Rng <u>7c</u> Distance Direction Nearest Town <u>5</u> Miles <u>S</u> of <u>Carieth, MS.</u>	
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Well / Borehole Data

Date drilling started: 4-16-07 Date drilling completed: 4-18-07 Hole depth: 230 Hole diameter: 4 1/4"

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other, _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
(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 (circle one) land surface Date measured: _____

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

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle 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 (circle all applicable): Gravel packed _____ Undersanded _____ Telescoped _____ Open hole _____ Natural Development _____
 Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet *(If telescoped or more than one screen, describe on next page)*

Form: OLWR-SWR-1A

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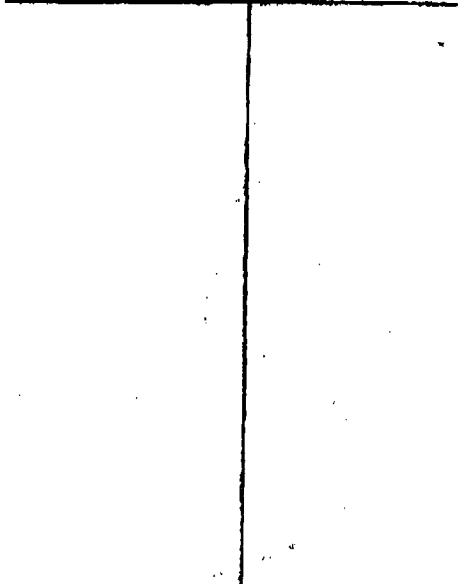
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K-93

The ARMDA Edition data recorded for water wells.

If well information show depths on sketch
Ground Level ---



Description of Formations encountered must be recorded for all wells and boreholes unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Soft CLAY	0	30
GRAY CLAY	30	150
BLUE CLAY	150	230

If more than one screen, show location of each on sketch.

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

1	A 22'3"	B 39'3"	6.	5.
2	24'8"	58'3"	7.	4.
3	39'11"	78'2"	8.	* 3.
4	56'6"	97'2"	9.	2.
5	77'7"	119'4"	10.	1.
6	85'9"	123'1"		
7	69'	105'3"		
8	53'6"	85'11"		
9	43'8"	68'8"		
10	40'9"	52'11"		

Landowner Name: _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Fred Danforth 0-69867 4-21-07 Fred Danforth
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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