

Test Hole

County: Bolivar  
 Permit # \_\_\_\_\_  
 Driller: David Canady  
 Date drilling completed: 5-29-07

**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)

For Office Use Only:  
 Aquifer: 193  
 Well #: T-193  
 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>Town of Shaw</u>	Latitude: <u>38°36'07"</u> Longitude: <u>90°46'30"</u>
Mailing Address: <u>P.O. Box 679</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shaw</u> <u>MS</u> <u>38773</u>	<u>1/4</u> <u>1/4</u> Sec <u>12</u> Twn <u>20N</u> Rng <u>6W</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. <u>(662) _____</u>	<u>B9 Police Station</u>
Well / Borehole Data	
Date drilling started: <u>5/29/07</u> Date drilling completed: <u>5/29/07</u> Hole depth: <u>1500</u> Hole diameter: <u>10"</u>	
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 (circle all applicable): No log run <u>Electric</u> 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 _____ Fish Culture _____ Other: <u>TEST</u>	
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 Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <u>If telescoped or more than one screen, describe on next page</u>	

DEC-14-2007 12:47 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P. 20/25

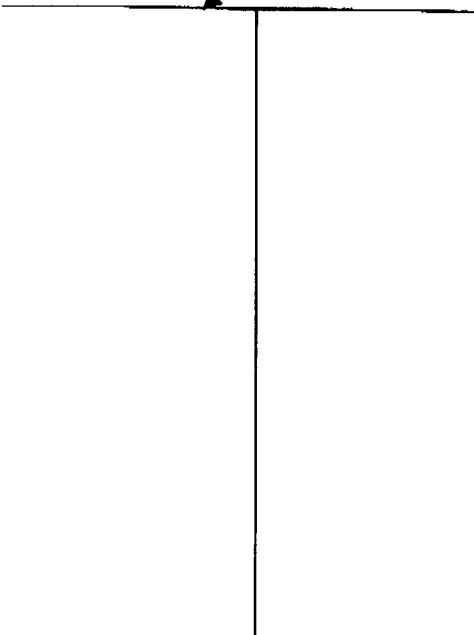
193

T-198

The sketch below only required for water wells

If well telescopes, show depths on sketch,

Ground Level 



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	20
Sand	20	162
Clay	162	243
Clay w/ Sand Stes.	243	274
Clay	274	281
Sand & Lignite	281	307
Clay w/ Sand Stes.	307	338
Sand w/ Clay Stes.	338	679
Sand	679	827
Shale	827	835
Sandy Shale w/ Sand Stes.	835	865
Shale w/ Sand Stes.	865	927
Shale	927	1022
Shale w/ Sand Stes	1022	1084
Shale (Rock at 1133)	1084	1177
Shale w/ Sand Stes (Rock @ 1188 & 1193)	1177	1208
Shale	1208	1239
Shale w/ Rock & Sand Stes	1239	1271
Sandy Shale w/ Clay Stes & Rock	1271	1327
Sandy Shale w/ Clay Stes.	1327	1359
Sandy Shale	1359	1480
Fine Sand	1480	1481
Shale	1481	1500

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.

TEST HOLE #1 - DID NOT DEVELOPE A WELL AT THE END

Landowner Name: Town of Shaw

Form: OLWR-SWR-1A

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.

Thomas G. Christman 0-703

12/14/07

Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

Thomas G. Christman