

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: Chickasaw
Permit #: _____
Driller: Office of Geology
Date drilling completed: 6/5/08

For Office Use Only:
Aquifer: _____
Well #: B-116
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Randy Reeves</u> Mailing Address: _____ <u> Hwy 15</u> <u> HOUKA MS</u> City State Zip Code Telephone No. () _____	Latitude: <u>34° 01' 01" W</u> Longitude: <u>88° 58' 53" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 22 Twn 12S Rng 3E</u> Distance Direction Nearest Town <u>9</u> Miles <u>N</u> of <u>HOUSTON</u>
Well / Borehole Data	
Date drilling started: <u>6/2/08</u> Date drilling completed: <u>6/5/08</u> Hole depth: <u>403</u> Hole diameter: <u>5"</u> Location of the source of any surface water used for drilling: <u>Pond near site CR 114</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1gal / 1000 water</u> Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____ Name of organization running log(s): <u>Office of Geology</u> Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation <input checked="" type="checkbox"/> 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: _____ 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. <i>If telescoped or more than one screen, describe on next page</i>	

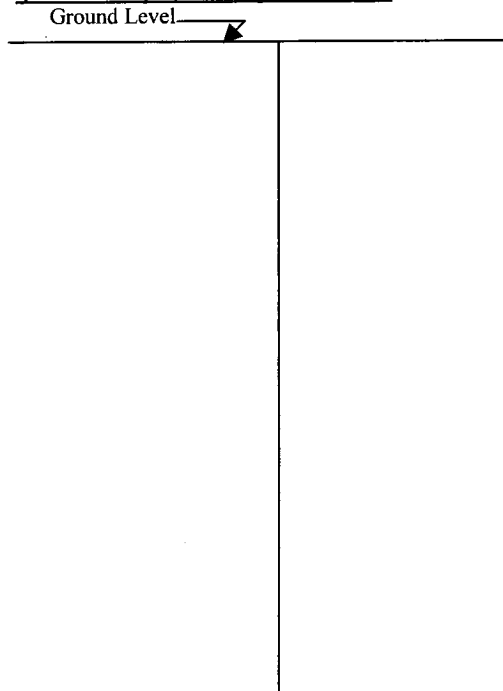
Form: OLWR-SWR-1A

RECEIVED
JUN 17 2008
BY: OLWR

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
sand	Ground Level	17
clay	17	63
sand + Rock	63	145
silty clay	145	175
clay	175	375
silty clay	375	383
chalk	383	403

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.

Landowner Name: _____

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.

Cletus Magee 0619
 Print Name of Responsible Licensee and License No.

6/12/08
 Date

Cletus Magee
 Signature of Licensee

RECEIVED

JUN 17 2008

BY: OLWR