

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: MS. OFFICE OF GEOLOGY  
 Date drilling completed: 4/28/06

**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: \_\_\_\_\_  
 Well #: B-52  
 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	Well or Borehole Location
(Landowner if borehole is not for a water well)	
Owner Name <u>Yazoo Mgmt. District</u>	Latitude: <u>34° 22' 46"</u> Longitude: <u>90° 35' 17"</u>
Mailing Address: <u>Craig #2</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>384 Stoneville Rd.</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Stoneville MS 38776</u>	<u>SE 1/4 SE 1/4 Sec 15 Twn 29N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(663) 686-7712</u>	_____ Miles _____ of _____
<b>Well / Borehole Data</b>	
Date drilling started: <u>6/27/06</u> Date drilling completed: <u>4/28/06</u> Hole depth: <u>170'</u> Hole diameter: <u>5"</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> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation <u>X</u> Ground Source Heat Pump ___	
Seismic Survey ___ Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: <u>Observation</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: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> <u>Bentonite</u> Mix	
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>120</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

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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)	
	Ground Level	
Clay	0	47
Pea Gravel	47	50
Sand	50	70
Sand / Pea Gravel	70	95
Big Gravel / Pea Gravel	95	149
Clay	149	170

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.

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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.

ARCHIE MCKENZIE 0-555

Print Name of Responsible Licensee and License No.

7/7/06  
Date

  
Signature of Licensee