

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: Joseph Sawigian  
 Date drilling completed: 6/27/06

**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 #: B56  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: B-0056

*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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>YMD #4</u>	Latitude: <u>34.22.206</u>	Longitude: <u>90.36.18.6</u>	
Mailing Address: <u>Taylor #1</u>	Method of Lat/Long (circle one): Conventional Survey.		
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No. ( ) _____	SE ¼ NE ¼ Sec <u>21</u> Twn <u>29N</u> Rng <u>4W</u>		
	Distance _____ Miles	Direction _____ of	Nearest Town _____

**Well / Borehole Data**

Date drilling started: 6/26/06 Date drilling completed: 6/27/06 Hole depth: 160 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: Wittaker Bayou

Method of dosing and volume of Chlorine used in drilling and development: 1 gal chlorine per 1000 gal of water

Logs run (circle all applicable): No log run  Electric  Gamma Rhy  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running logs: MDEQ

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: Observation

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: 122 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement  Bentonite  Mix \_\_\_\_\_

Casing length: 102 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 102 feet to 122 feet

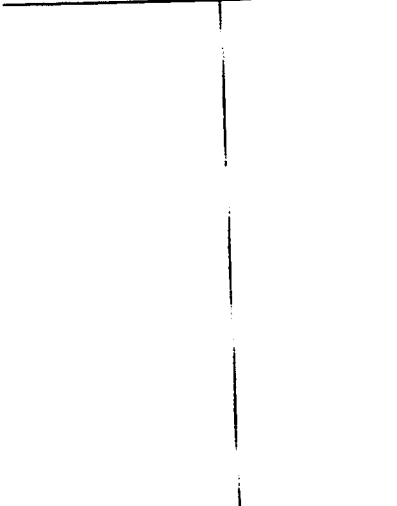
Type of completion (circle all applicable): Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A

The sketch below only remains for water wells.

If well telescopes, show depths on sketch.  
 Ground Level →

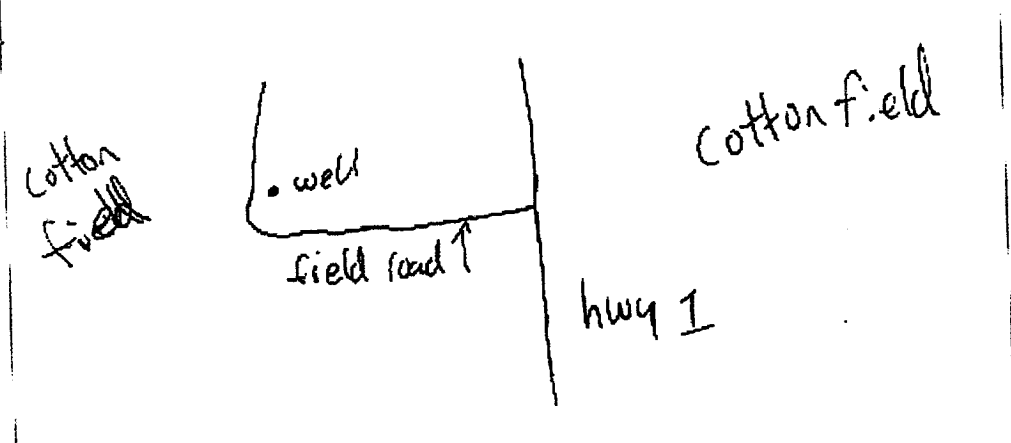


Description of formations encountered must be provided for all wells and borings, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
sand & clay	Ground Level	40
sand	40	80
sand & gravel	80	140
clay	140	160

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. Put a north arrow.



Landowner Name \_\_\_\_\_

Form: OLWR-519H-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.

Joseph N. Swanson 0-766  
 Print Name of Responsible Licensee and License No.

7/5/06  
 Date

Joseph N. Swanson  
 Signature of Licensee