

Job # 9512

Never received Part 2 3/13

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: Pete Suppington  
 Date drilling completed: 11-15-09  
No permit

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: N154  
 Well #: Ø135  
 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>Arald Lively</u>	Latitude: <u>34.0502</u> Longitude: <u>90.33327</u>
Mailing Address: <u>Rt 1 Box 57-A</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tutwiler Ms. 38963</u>	<u>NW ¼ NW ¼ Sec. 30</u> <u>wn 25N</u> <u>ing 3W</u>
City State Zip Code	Distance: <u>2.5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Tutwiler Ms</u>
Telephone No. <u>662 624-8668</u>	

**Well / Borehole Data**

Date drilling started: 11-15-09 Date drilling completed: 11-15-09 Hole depth: 102' Hole diameter: 28"

Location of the source of any surface water used for drilling: Irrigation canal 200yds south  
 Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ 10ppm

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: 30 feet above or below (circle one) land surface Date measured: 11-15-09

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

Well depth: 102' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 62 feet Casing diameter: 16 inches Type of casing: PVC Sch 40

Screen length: 40' feet Screen diameter: 16 inches Type of screen: PVC Sch 40

Screen slot size: .032 inches Setting depth: From 62 feet to 102 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 (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level → 7

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

*N154 Ø135*  
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)
<i>Clay</i>	<i>0</i>	<i>2.5</i>
<i>Coarse sand &amp; gravel</i>	<i>2.5</i>	<i>102</i>

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.

*See Attached*

Landowner Name: *Gerald Lively*

Form: OLWR-SWR-1A (04/08)

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.

0430      11-16-09  
Print Name of Responsible Licensee and License No.      Date

*[Signature]*  
Signature of Licensee

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090° 36' 00.00" W

090° 34' 00.00" W

090° 32' 00.00" W

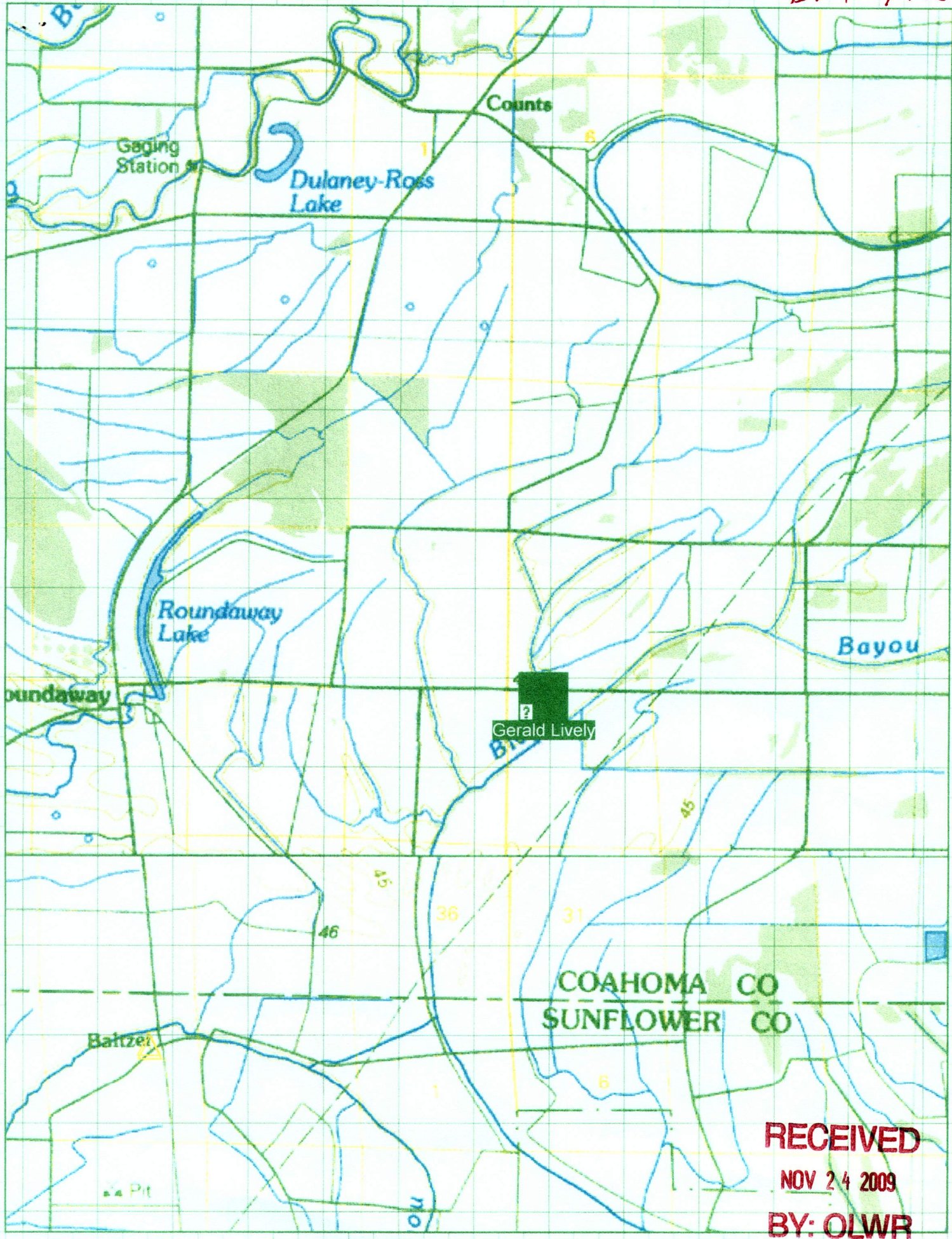
N154 0135

034° 04' 00.00" N

034° 02' 00.00" N

034° 00' 00.00" N

034° 00' 00.00" N



090° 36' 00.00" W

090° 34' 00.00" W

090° 32' 00.00" W

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