

Part 2 never received 3/13

### 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: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Garner Howe  
 Date drilling completed: 12/13/06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-94  
 L. S. Elevation: \_\_\_\_\_  
 B-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>Rusty Ullmar</u> Mailing Address: <u>1528 Baldwin Rd.</u> <u>Lake Cormorant MS 38641</u> City State Zip Code Telephone No. (662) <u>447-0596</u>	Latitude: <u>30° 53' 02"</u> Longitude: <u>90° 07' 34"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 26 Twn 25 Rng R9W</u> SE NW Distance Direction Nearest Town <u>3 1/2 Miles N/E of Endora MS.</u>

**Well / Borehole Data**

Date drilling started: 12/13/06 Date drilling completed: 12/13/06 Hole depth: 212 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: 1/2 lbs. of granular chlorine

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: 70' feet above or below (circle one) land surface Date measured: 12/13/06

Method of Measurement (circle one) steel tape electric tape air line other: string weight

Well depth: 212' Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 192' feet Casing diameter: 4" inches Type of casing: plastic

Screen length: 20' feet Screen diameter: 4" inches Type of screen: plastic

Screen slot size: 013" inches Setting depth: From 192' feet to 212' 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

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Table with multiple columns and rows, containing faint text and numbers.

Handwritten notes at the top right of the page, including the name "Gordon" and some illegible scribbles.

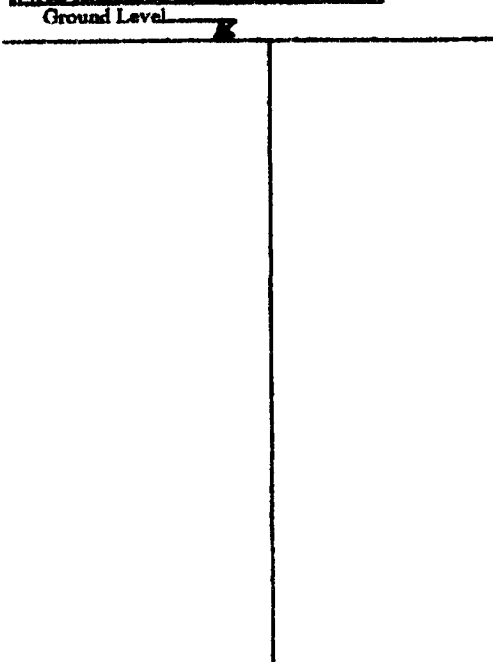
Main body of handwritten notes and scribbles, including the word "Home" and various illegible characters.

Bottom section of the page with additional handwritten notes and illegible text.

E-94

The sketch below only required for water wells.

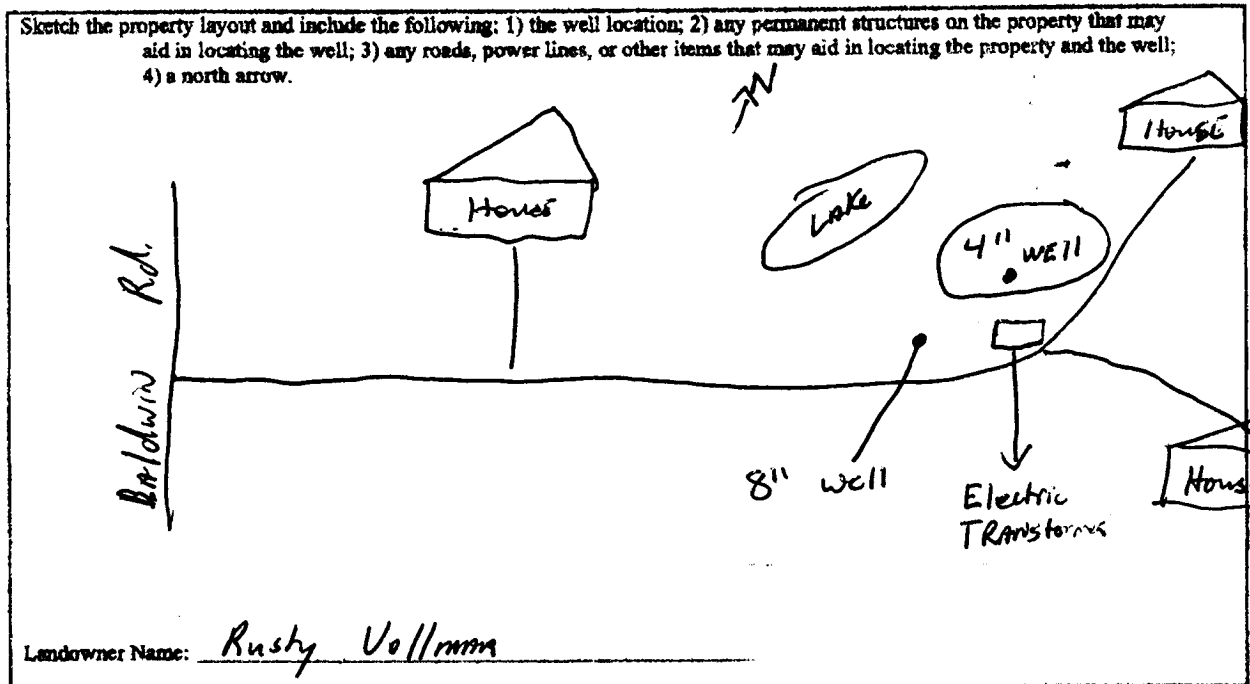
If well telescopes show depths on sketch.



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)
Brown Clay	Ground Level	22'
White Clay	22'	35'
Brown Sand	35'	60'
GABRIEL	60'	85'
White Clay	85'	115'
White Soil	115'	212'

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



Landowner Name: Rusty Vollman

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.

Print Name of Responsible Licensee and License No. GARNER Hunter 0-424 Date 1/18/07

Signature of Licensee

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