

# 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: James W. Masen  
Date drilling completed: 9-27-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L-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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Brad Latt</u>	Latitude: <u>34° 50' 30.3"</u> Longitude: <u>89° 57' 78.8"</u>
Mailing Address: <u>1497 Nottingham Square</u>	Method of Lat/Long (circle one): <u>18</u> Conventional Survey, <u>47</u>
<u>hernando</u> MS <u>38632</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4</u> Sec <u>7</u> Twn <u>3S</u> Rng <u>7W</u>
Telephone No. <u>(801) 568-2921</u>	Distance <u>1.8</u> Miles Direction <u>NE</u> of Nearest Town <u>hernando</u>

**Well / Borehole Data**

Date drilling started: 9-25-07 Date drilling completed: 9-27-07 Hole depth: 230 Hole diameter: 5

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): NA

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: \_\_\_\_\_ 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. *If telescoped or more than one screen, describe on next page*

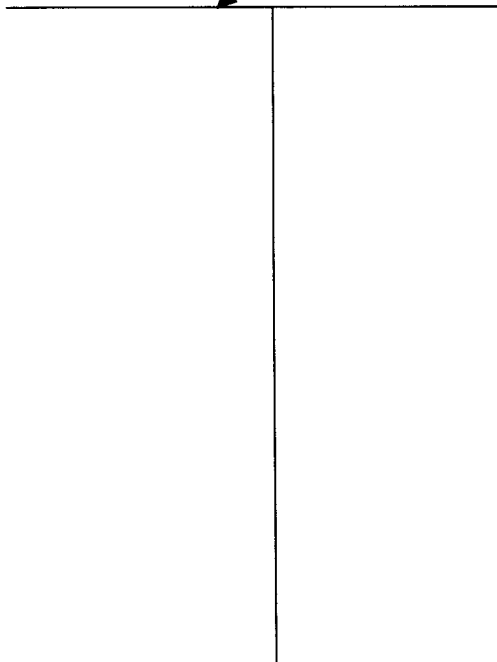
Form: OLWR-SWR-1A  
**RECEIVED**  
OCT 30 2007  
BY: OLWR

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.

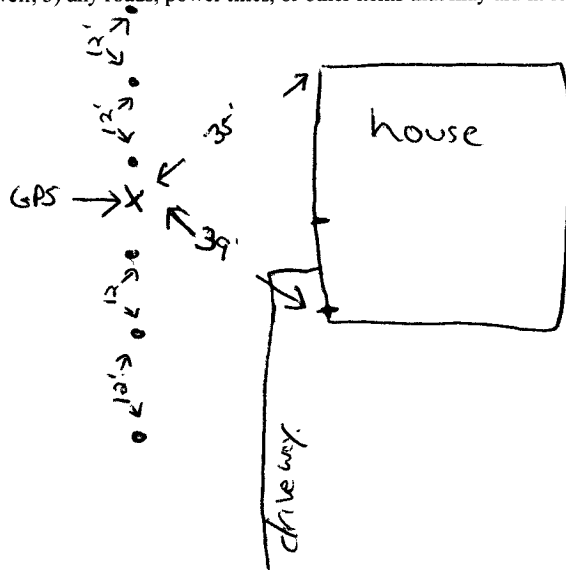
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Clay drift.	Ground Level	15
Blue clay	15	35
gravel	35	60
Blue clay	60	140
white sand	140	230

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: Bred Lott.

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. James W. Mason 0-620 Date 10-25-07

Signature of Licensee James W. Mason RECEIVED  
 OCT 30 2007

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