		State Well Report	
		State Wen Report	For Office Use Only:
County:	Desata	Part 1 – Driller's Log	For Once Ose Omy.
		Mississippi Department of Environmental Quality	Aquifer:
Permit #:		Office of Land and Water Resources	Well #: <u>M-244</u>
Drillon T	cres w. Mason	P.O. Box 10631	weil #:
		Jackson, MS 39289-0631	L. S. Elevation:
Date drilling	g completed: 7-13.07	(601)961-5210	
		(601)354-6938 (fax)	E-log #:

ي:

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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)	211 112 203 90 119 110
	Latitude: <u>34 • 47 • 38</u> " Longitude: <u>89 • 48 • 113</u> "
Owner Name Air Heat Services-	Method of Lat/Long (circle one): Conventional Survey,
	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: LOT 72 Blunt subdivison	USGS quad, Hand-held GPS, Survey-grade GPS
Ex alast	USOS quad, Hand-neid Oro, Survey-grade Ors
tox glen	SE 1/ SW 1/4 Sec 26 Twn 35 Rng 6W
Hermondo ms 38632 City State Zip Code	
City State Zip Code	Distance Direction Nearest Town
	Distance Direction Nearest Town <u>'14 Miles SE of Coekium</u>
Telephone No. (901) SG8 - 2921	
Well / Bore	chole Data
Date drilling started: 7-12-07 Date drilling completed: 2-13-0	\frown Hole depth: $\frac{\partial 30'}{\partial 30'}$ Hole diameter: $5''$
Location of the source of any surface water used for drilling:	1
Method of dosing and volume of Chlorine used in drilling and deve	lopment:
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Other:
Name of organization running log(s):	
	Lucial Investigation County Source Heat Dump
Purpose of borehole (check one): Water Well Geotechnical/Geo	logical Investigation Ground Source Heat Pump
	->
Seismic Survey Other (describe If drilling is not related to water well construction	e)
If aruing is not related to water well construction	on, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Suppl	v Irrigation Fish Culture Other
ruipose of wen (check one). Home mousurar ruone suppr	
If a flowing well, method of flow regulation: Valve 0	Other (describe)
Static Water Level: feet above or below (circle one)	land surface Date measured:
Method of Measurement (circle one) steel tape electric tape	e air line other:
Well depth: Well grouted to a depth offeet Typ	e 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 _	Ieet toIeet
	Talassanad Onen hole Natural Davidonment
Type of completion (circle all applicable): Gravel packed Under	erreamed relescoped Open note Natural Development
Other (describe)	
Top of lap pipe or reduction in casing:feet. If the	elescoped or more than one screen. describe on next page
1	Form: OLWR-SWR-1/

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M-244

The sketch below only required for water wells

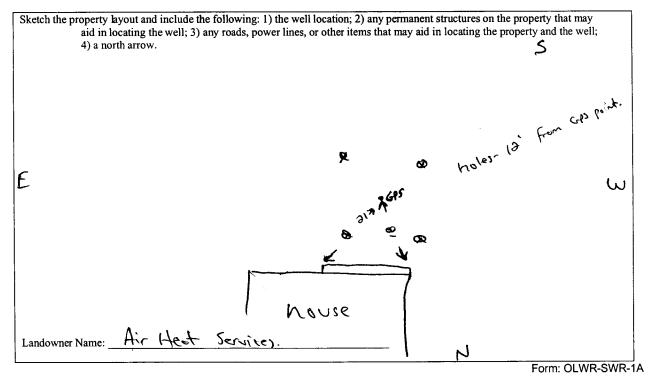
If well telescopes,	show	depths	on	<u>sketch</u> .
Ground Level.		-		

while soud 30 45 gravel 45 80 100 while soud 10 180 while soud 10 180	Description of Formations Encountered	From (depth)	To (dept
unite soud 30 45 gravel 45 80 unite clay 80 110 unite clay 180 200	clay dirt	Ground Level	30
<u>Gravel</u> <u>ushike clay</u> <u>ushike sourt</u> <u>ushike clay</u> <u>100</u> <u>100</u> <u>180</u> <u>100</u> <u>180</u> <u>100</u> <u>180</u> <u>100</u> <u>180</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>100</u> <u>1</u>	while soud	30	45
white clay 80 110 white south 110 180 white clay 180 20	Gravel	45	08
while clay (80 20	white clay	08	110
while clay 180 20	while sound	110	180
usuite sad 200 23	while clay	(30	306
	white soul	200	23
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			1
	(Bross		
			+

Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

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



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.

Trues w. Mesor 0-620 8-8-07. Print Name of Responsible Licensee and License No. Date

Jens with Signature of Licensee

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