

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: James W. Mason  
 Date drilling completed: 7-13-07

**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 #: M-244  
 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>Air Heat Services</u> Mailing Address: <u>LOT 22 Blunt subdivision</u> <u>for glee</u> <u>Hernando ms 38632</u> City State Zip Code Telephone No. <u>(901) 568-2921</u>	Latitude: <u>34° 47' 38"</u> Longitude: <u>89° 48' 11"</u> Method of Lat/Long (circle one): <u>23</u> Conventional Survey, <u>07</u> USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 26 Twn 3S Rng 6W</u> Distance Direction Nearest Town <u>1.4</u> Miles <u>SE</u> of <u>Cockrum</u>
Well / Borehole Data	
Date drilling started: <u>7-12-07</u> Date drilling completed: <u>7-13-07</u> Hole depth: <u>230'</u> Hole diameter: <u>5"</u> Location of the source of any surface water used for drilling: <u>NA</u> Method of dosing and volume of Chlorine used in drilling and development: <u>M</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): <u>M</u> Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump <input checked="" type="checkbox"/> Seismic Survey ___ Other (describe) _____ <b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>	
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. <b><i>If telescoped or more than one screen, describe on next page</i></b>	

Form: OLWR-SWR-1A

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