

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M364
Aquifer: _____
E-Log #: _____

County: DeSoto
Permit #: _____
Driller: JAMES W. MASON
Date drilling completed: 12-12-14

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Air and Heat Service</u>	Latitude: <u>34°48'38.70" N</u> Longitude: <u>89°45'37.75" W</u>
Mailing Address: <u>3468 red books rd. South</u>	Method of Lat/Long (check one): Conventional Survey _____, <input checked="" type="checkbox"/> Hand-held GPS _____, <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Dyhalia</u> MS <u>38611</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> <u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>19</u> T <u>3S</u> R <u>5W</u>
Telephone No. <u>(662) 838-8088</u>	<u>314</u> Miles <u>SE</u> of <u>Ingram's mill</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12-11-14</u> Date drilling completed: <u>12-12-14</u> Hole depth: <u>230'</u> Hole diameter: <u>5"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>5 ppm and greater</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) <u>N/A</u>
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
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 _____
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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BY: OLWR

