ta various reactors	State Well Report			
County: Frankly	Part 1 - Driller's Log	For Office Use Only:		
Mississ	ippi Department of Environmental Quality	Aquifer: 1/2		
Permit #: C	office of Land and Water Resources	' '		
Driller: Fitzauld Well Sere	P.O. Box 2309	Well #:		
	Jackson, MS 39225	L. S. Elevation:		
Date drilling completed: 2-16-11.	(601)961- 5210 (601)961- 5228 (fax)			
	(001)901- 3220 (18A)	E-log #:		
State Law requires that this report be prep	ared by the license holder responsible for	the work and filed with the		
Department at the above address within 3	O days of completion of drilling of the well	or borehole.		
Information on Well Owner	Well or Bo	orehole Location		
(Landowner if borehole is not for a water	well)	<b>E</b> Longitude: 90°38', 56:11		
Owner Name Wess Harden	Latitude: 31 of 75 /	Longitude: 20 00 000		
	58 Method of Lat/Long (circle or	ne): Conventional Survey.		
Mailing Address: Awy &	Wethor of East Bong (onote of			
	USGS quad, Hand-held	GPS, Survey-grade GPS		
	- 6 5 6 6 7 20	Twn 5 N Rng 6 E		
Smithdule MS	2001/4_5 04/ Sec_3()	Twn_5 /V Rng @ C		
	Zip Code Distance Direction	Nearest Town		
City State	Miles			
Telephone No. ()	1			
•				
	Well / Borehole Data	4.		
Date drilling started: 2-16-11 Date drilling completed: 2-16-11 Hole depth: 96- Hole diameter 8"				
Date drilling started: A 18 11 Date drilling completed: A 18 11 Hole depth: 10 Hole diameter				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electri	c Gamma Ray Density Sonic Neutron	Other:		
Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechnical/Geological Investigation Ground Source Heat Pump				
Turpose of botonote (eneck one). Water Wen		-		
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 670 feet above or below (circle one) land surface Date measured: 2-16-11-				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 86 feet Casing diamet	er:inches Type of casing: _	7-0		
· · · · · · · · · · · · · · · · · · ·	* * **	Pic.		
Screen length:feet	ter:inches Type of screen: _			
Screen slot size: 1012 inches Settin	ng depth: From \$6" feet to \$6	feet		
Sereen stot size.				
Type of completion (circle all applicable):	packed Underreamed Telescoped Ope	n hole Natural Development		
	(describe):			
	,			
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scr	reen, describe on next Dage		
Form: OLWR-SWR-1A (04/08				
Pump set by The Warehouse	ę.			
numper to the second of the se				

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The sketch below only required for water wells	Description of formations encountered must be provided for all $arPhi$ (		
	wells and boreholes, unless specifically	exempted by reg	<u>ulations</u>
f well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	1 -
	cluy-	0	70
	Ctabel.	20	
	Clay-	40	60
	Sahdi	60	80
	louse Sand	80	96
			_Ļ
If more than one screen, show location of each on sketch			
sketch the property layout and include the following: 1) the waid in locating the well; 3) any roads, power line 4) a north arrow.	rell location; 2) any permanent structures on the es, or other items that may aid in locating the pr	property that ma operty and the we	y ell;

Summer

Landowner Name: WSS Harden

Landowner Name: WSS Harden

Form: OLWR-SWR-1A (04/08)

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.

BAR NEGATION

Signature of Licensee RECEIVED

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