

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Dezoz
 Permit #: _____
 Driller: M. Wood
 Date drilling completed: 2-2-10

For Office Use Only:

Aquifer: E 136
 Well #: _____
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Margie Littlefield</u>	Latitude: <u>30° 53' 16"</u> Longitude: <u>88° 46' 25"</u>
Mailing Address: <u>153 Clark M. Egel Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale Ms 39452</u> City State Zip Code	<u>NE 1/4 46 1/4 Sec 8 Twn 725 Rng R8W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1 Miles N of Bernadal</u>

Well / Borehole Data

Date drilling started: 1-11-10 Date drilling completed: 2-2-10 Hole depth: 385 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: NONE
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

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: NONE 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 (04/08)

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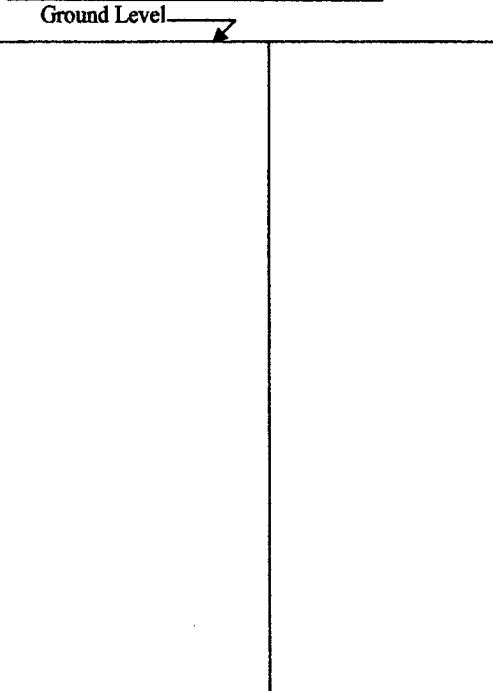
MAR 01 2010

BY: OLWR

E136

The sketch below only required for water wells

If well telescopes, show depths on sketch.

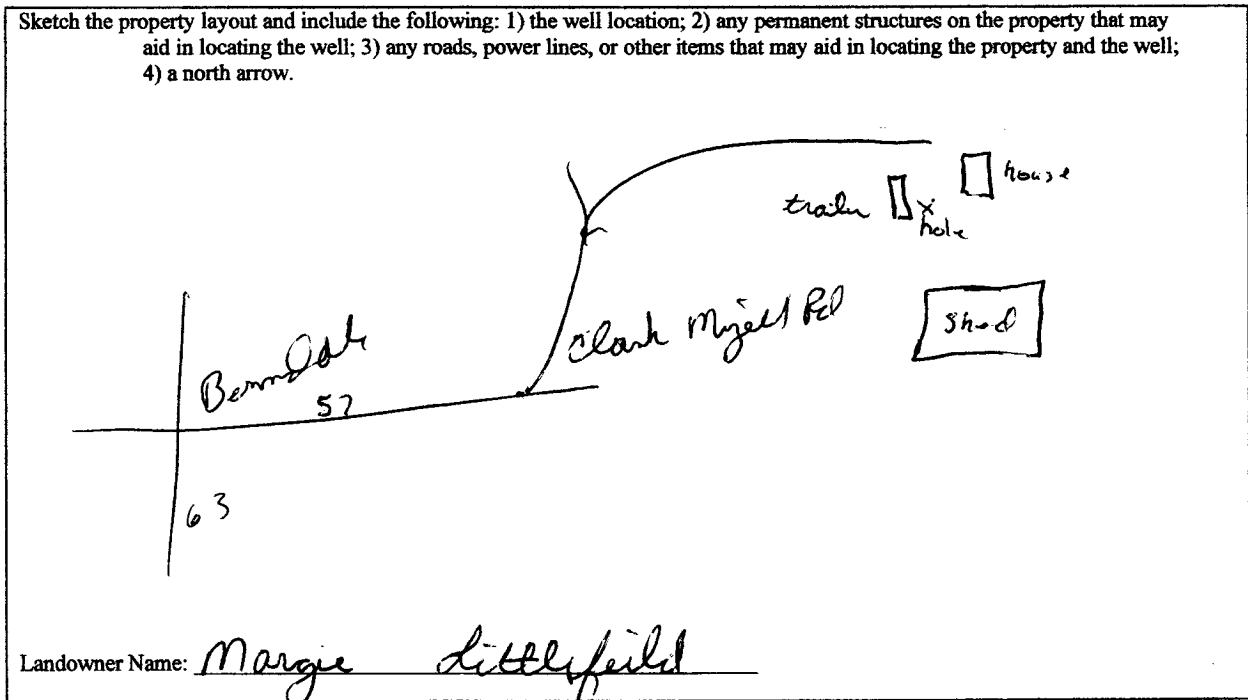


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	1
Clay	1	20
sand	20	25
Clay	25	28
sand	28	45
Clay	45	115
silt	115	135
Clay	135	165
sand	165	166
x fine sand	166	185
Clay	185	220
silt	220	235
Clay	235	270
sand	270	272
Clay & sand	272	285
Clay	285	325
silt	325	355
sand	355	385

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.



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.

Michael R Fryfogt 40407 2-2-10
 Print Name of Responsible Licensee and License No. Date

Michael R Fryfogt
 Signature of Licensee

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