

Part 2 never received

County: Sevier
 Permit #: 0-780
 Driller: W. Gael Pierce
 Date drilling completed: 10-20-07

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: G197
 Well #: H-100
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wilber Hall</u>	Latitude: <u>38° 33' 00"</u> Longitude: <u>30° 50' 51"</u>
Mailing Address: <u>3117 Cooks court rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>51</u>
<u>Cumada MS 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>26</u> Twn <u>25</u> Rng <u>50</u>
Telephone No. <u>(601) 947-7311</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Aquilon, MS</u>
Well / Borehole Data	
Date drilling started: <u>10-20-07</u> Date drilling completed: <u>10-20-07</u> Hole depth: <u>110</u> Hole diameter: <u>2</u>	
Location of the source of any surface water used for drilling: <u>Aquilon, MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>4 gal chlorine 2000 water</u>	
Logs run (circle all applicable) <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>5</u> feet above <u>below</u> (circle one) land surface Date measured: <u>10-20-07</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>100</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>sch 40 plastic</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>sch 80</u>	
Screen slot size: <u>6</u> inches Setting depth: From <u>0</u> feet to <u>110</u> feet	
Type of completion (circle all applicable) <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

* just drilled well
 he installed pump!

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 OCT 31 2007
 BY: OLWR

