

State Well Report

Part 1

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 #: J-21
L. S. Elevation: _____
E-log #: _____

County: Greene
Permit #: _____
Driller: Griner Drilling
Date drilling completed: 8/10/06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>SG Resources, Inc</u>	Latitude: <u>31° 15' 54.5"</u> Longitude: <u>88° 49' 04.6"</u>
Mailing Address: <u>7500 San Felipe</u>	Method of Lat/Long (circle one): <u>32</u> Conventional Survey, <u>03</u>
<u>Suite 600</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Houston TX 77063</u>	NE ¼ NE ¼ Sec <u>5</u> Twn <u>3N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(713) 914 8188</u>	<u>6</u> Miles <u>NW</u> of <u>Neely</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Observation Well

Date well drilling started: 7/10/06 Date well drilling completed: 7/10/06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 98.98 feet above or below (circle one) land surface Date measured: 8/16/06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 575 Well depth: 560 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 540 feet Casing diameter: 3 inches Type of casing: _____

Screen length: 20 feet Screen diameter: 3 inches Type of screen: _____

Screen slot size: .008 inches Setting depth: From 540 feet to 560 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Griner Drilling Serv. #184
Print Name of Water Well Contractor and License No.

Charles H. Turner
Signature of Water Well Contractor

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BY: OLWR

JACKY TURNER
PROPERTY

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	10	
Sand	10	35
Sandy Clay	35	120
Clay	120	140
Sandy Clay	140	150
Clay	150	315
Sandy Clay	315	365
Clay	365	485
Sand + Peat gravel	485	575
Stopped in sand		

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) indicate direction.

Landowner Name: _____

Charles H. Quinn
Signature of Water Well Contractor

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