

# 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)

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 12-03-07

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Φ 30  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jim Hillman</u>	Latitude: <u>31° 07' 04"</u> Longitude: <u>88° 39' 57"</u>
Mailing Address: <u>1730 Tom White Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Lakesville MS 39451</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>23</u> ✓ TwN <u>T2N</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Lakesville</u>
Telephone No. <u>(601) 394-5757</u>	
Well / Borehole Data	
Date drilling started: <u>12-03-07</u> Date drilling completed: <u>12-03-07</u> Hole depth: <u>225</u> Hole diameter: <u>4 1/4</u>	
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): <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) <u>test hole, no well</u>	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
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>N/A</u> feet above or below (circle one) land surface Date measured: <u>N/A</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>N/A</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>N/A</u> feet Casing diameter: <u>1/2</u> inches Type of casing: <u>N/A</u>	
Screen length: <u>N/A</u> feet Screen diameter: <u>N/A</u> inches Type of screen: <u>N/A</u>	
Screen slot size: <u>N/A</u> inches Setting depth: From <u>N/A</u> feet to <u>N/A</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): <u>N/A</u>	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

Form: OLWR-SWR-1A

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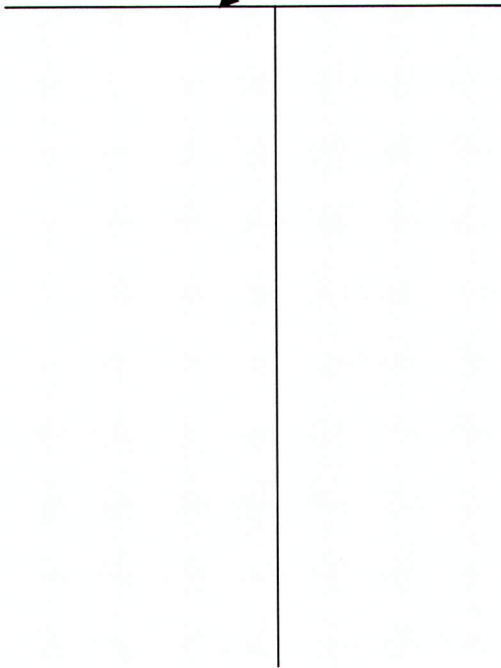
Ø 30

The sketch below only required for water wells

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

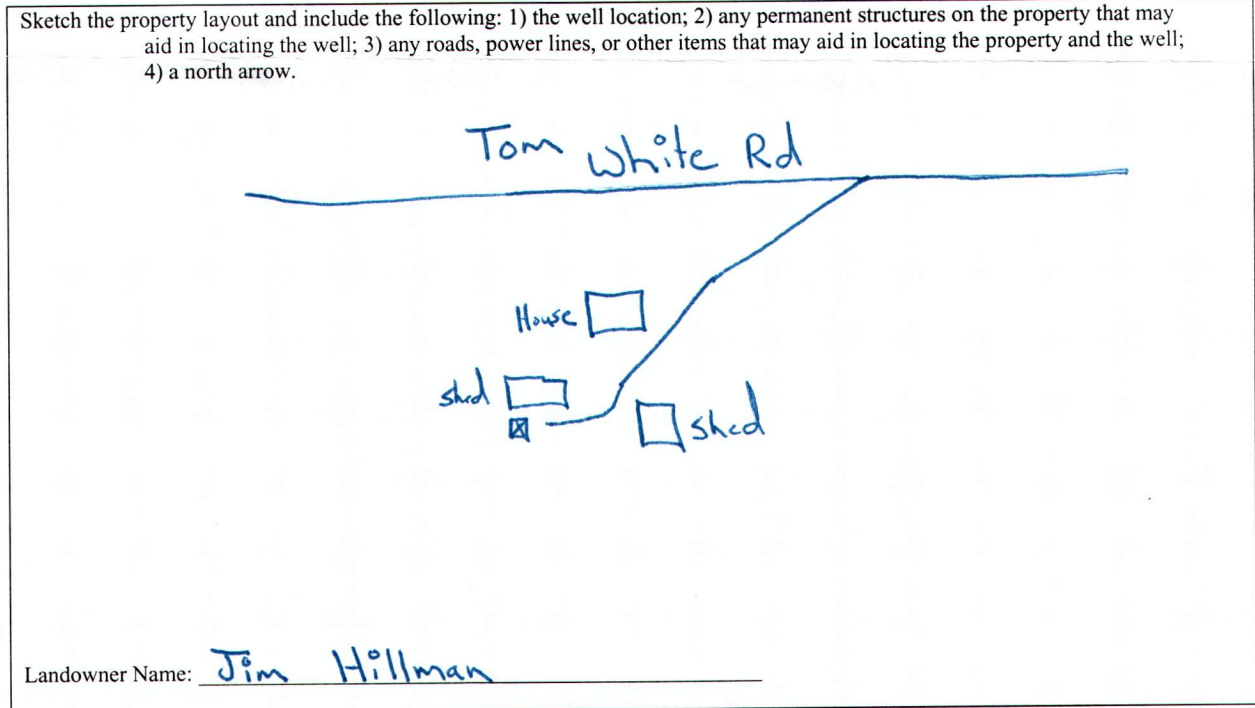
If well telescopes, show depths on sketch.

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top sand	9	4
Sand (fine-med)	9	28
Clay	28	165
Clay Blue	165	225

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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 S. Havard 0-623  
Print Name of Responsible Licensee and License No.

12-27-07  
Date

Michael S. Havard  
Signature of Licensee

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