State	e Well Report		
County: Areene Part 1	- Driller's Log		
Mississippi Depar	tment of Environmental Quality Aquifer: 78		
	nd and Water Resources P.O. Box 2307 Well #:		
	Noon NS 20225		
	601)961- 5210 L. S. Elevation:		
Date drilling completed: 2 36 (60	1)961- 5228 (fax) E-log #:		
State I are required that this report he prepared by th	e license holder responsible for the work and filed with the		
Department at the above address within 30 days of a	completion of drilling of the well or borehole.		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: <u>31 °03</u> , <u>57</u> " Longitude: <u>88°33</u> , <u>25</u> "		
Owner Name Ser Padaliff Mailing Address: PO BOR 8368	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: <u>FO DOA 8368</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
M1:1 01 3(188	SW 1/ NE 1/ Sec 11 Twn T/N Rng RGW		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()			
Well /	Borehole Data		
Date drilling started: $\frac{4}{12.10}$ Date drilling completed: $\frac{5-6-6}{10}$ Hole depth: $\frac{220}{10}$ Hole diameter: $\frac{41}{2}$			
Location of the source of any surface water used for drilling: $\Delta \Delta \Delta \Sigma$ 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:			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic SurveyOther (<i>describe</i>) 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: MON & Well grouted to a depth offeet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: <u>MON</u> feet Casing diameter:inches Type of casing:			
Screen length:feet Screen diameter:inches Type of screen:			
Screen slot size:inches Setting depth: Fr	omfeet tofeet		
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)		

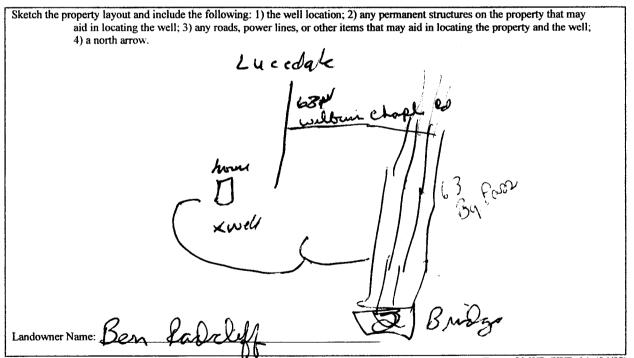
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* The skeich below only required for water wells	Description of formations encountered	l must be provided	1 for all
	wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	beschption of I children's Encountered	Ground Level	
	<u>^</u>	D	2
	Cean	2	22
	Rand		
	Clay	22	100
	land	100	122
	Clay	122	140
	Lend	140	166
	Clay	166	220
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			+

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



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

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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

law 5-6-10 5-6-10 Date

a Signature of Licensee

Print Name of Responsible Licensee and License No.

VED MAY 2 5 2010

