

County: Grenada Co.
 Permit #: _____
 Driller: Office of geology
 Date drilling completed: 4/13/10

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: _____
 Well #: E41
 L. S. Elevation: _____
 E-log #: E-0041

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>Mul Mulison game Management</u> Mailing Address: <u>628 Mulmanson Rd</u> <u>Holcomb MS 38490</u> City State Zip Code Telephone No. <u>(601) 453 5409</u>	Latitude: <u>33° 40' 48" N</u> Longitude: <u>90° 02' 05" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 13 Twn 21N Rng 2E</u> Distance Direction Nearest Town <u>6 Miles SW of Holcomb</u>

Well / Borehole Data

Date drilling started: 4/12 Date drilling completed: 4/13 Hole depth: 200' Hole diameter: 5"

Location of the source of any surface water used for drilling: Creek near Drill site
 Method of dosing and volume of Chlorine used in drilling and development: added liquid Bleach / 1000 water

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

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: _____ 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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \longrightarrow

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)
Clay	Ground Level	43
sand + gravel	43	50
Clay	50	64
sand	64	80
Clay	80	126
Rock	126	129
Clay	129	130
Rock	130	131
Clay	131	152
Sand	152	160
Clay	160	162
sand	162	176
Clay	176	190
sand	190	200

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.

Landowner Name: _____

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.

Cletus Magee
Print Name of Responsible Licensee and License No.

4/29/10
Date

Cletus Magee
Signature of Licensee

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