

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631-2309
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: H 232
 L. S. Elevation: _____
 E-log #: _____

County: Windsor
 Permit #: _____
 Driller: E.A. Bud CRESSWELL
 Date drilling completed: June 27, 2008

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>CAROL BIEDENHARN</u>	Latitude: <u>30° 09' 32" N</u> Longitude: <u>90° 09' 38" W</u>
Mailing Address: <u>4028 OLD CANTON RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>JACKSON, MS - 39216</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 23 Twn 6-N Rng 1-E</u>
Telephone No. <u>(601) 291-1918</u>	Distance Direction Nearest Town
	<u>old canton-jackson</u>

Well Data Pa A

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Test Hole

Date well drilling started: _____ Date well drilling completed: _____

If flowing, 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: _____

Hole depth: 580 Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): 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 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.

Drilled test hole 580 feet. hit sink hole sealed with cement - bentonite

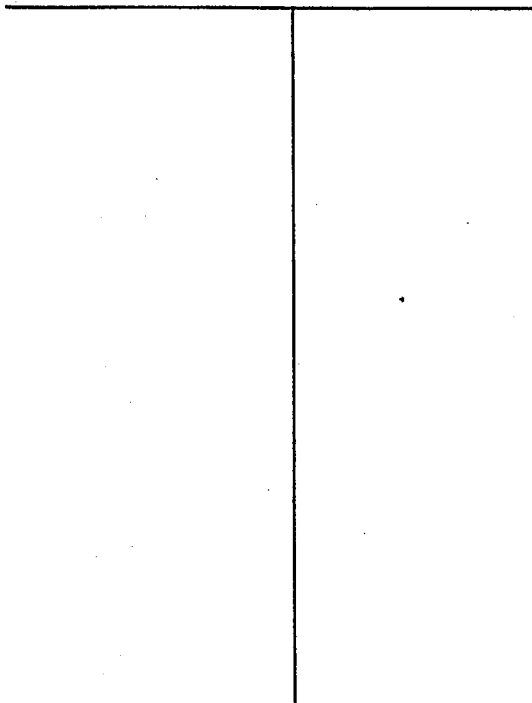
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

ERNEST M. CRESSWELL - 0-150 Ernest M. Cresswell

JUL 08 2008
 BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Surface Dr.	0	35
Yellow clay	35	50
Mouldy fr.	50	65
grey red - shale	65	74.5
red sand	74.5	723
shale - rock	327	466
shale with sand	466	570
sub shale w. returns	570	580
could not get		
returns on mud		
abandoned and		
sealed.		

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: Carol Biederharn

Ernest D. Cunwill
 Signature of Water Well Contractor

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