

County: Hinds
 Tract #: _____
 Driller: Marcus Hubbard
 Date drilling completed: 1-10-70

State Well Report
Part I - 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
 (800) 354-0000 (fax)

For Office Use Only
 Agency: H 223
 Well #: _____
 L. S. Number: _____
 S-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of the above agency within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Licensee or if borehole is not for a water well) Owner Name: <u>Harvey Caine Contractor</u> Mailing Address: <u>3911 Eastover</u> <u>Jackson MS</u> City State Zip Code Telephone No: <u>903 292-7386</u></p>	<p>Well or Borehole Location Latitude: <u>32-20-31.7</u> Longitude: <u>90-07-50-8</u> Method of Location (circle one): Conventional Survey, UGCS quad, Hand-held GPS, Survey-grade GPS <u>HW 55 K Sta 19 Twp 6N Rng 2E</u> Diagram Direction Nearest Town <u>1/2 mile North of Madison</u></p>
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Well / Borehole Data

Date drilling started: 1-3-10 Date drilling completed: 1-10-10 Hole depth: 250 Hole diameter: 5"

Location of the source of any surface water used for drilling: Well from House
 Method of boring and volume of Chlorine used in drilling and development: none

Logs run (circle all applicable): No log run Electronic Casagrande Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation Ground Source Heat Pump _____
 Scientific Survey _____ Other (describe) _____
 If drilling is not subject to state well construction, cite the regulation of this state: _____

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 _____ of-steel tape _____ air line _____ other: _____

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Grout _____ 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 _____ Tapered _____ Open hole _____ Natural Development _____
 Other (describe): _____

Top of top pipe or section in casing: _____ feet *If interrupted or more than one screen, describe on next page*

APR-20-00 00:00

FROM-LAND & WATER

001-884-8830

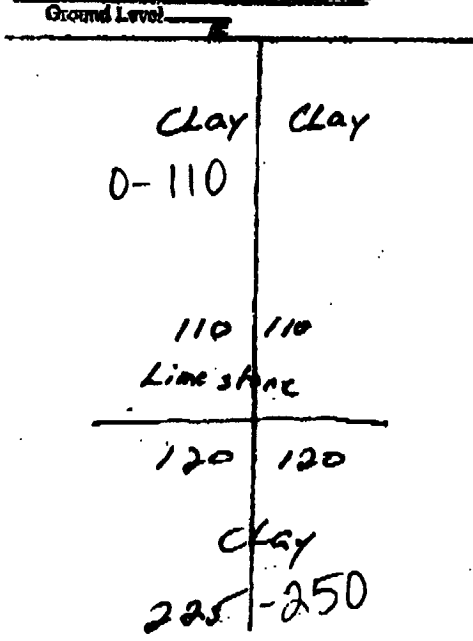
T-844 P.00

T-442

14223

The sketch below only needed for water wells.

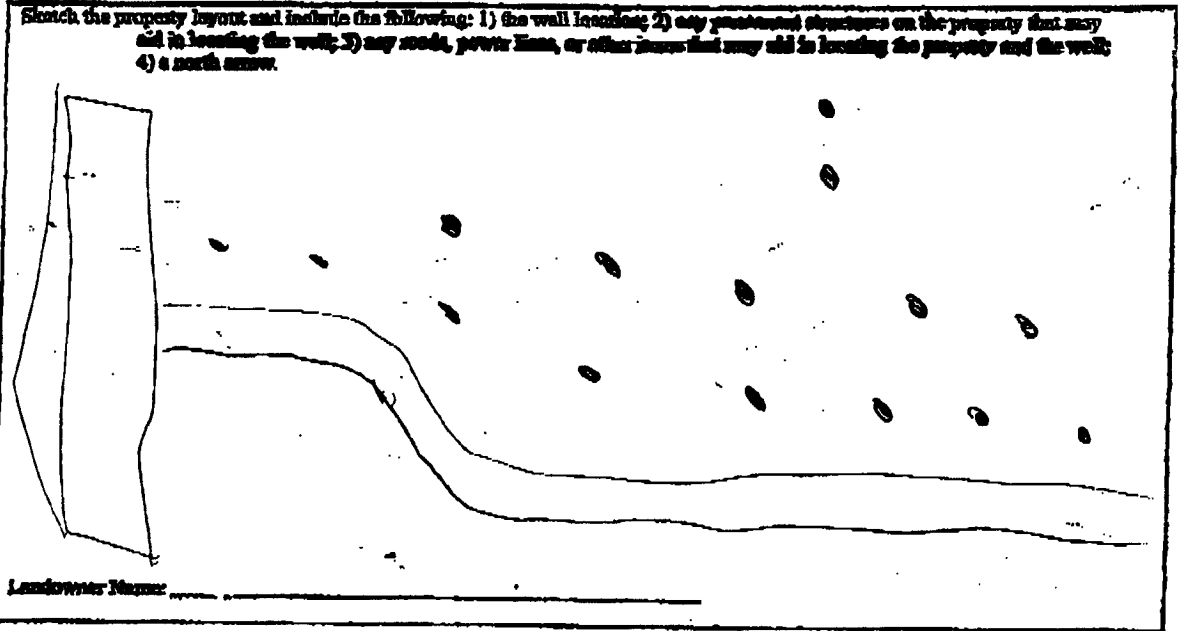
If well screens, show depth on sketch.



Description of formations encountered must be provided for all wells and handholes, which specifically required by regulations.

Description of Formations Encountered	From (Depth)	
	(Ground Level)	To (Depth)

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



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

Fred Danforth 0-69867
Print Name of Responsible Licensee and License No.

Fred Danforth
Signature of Licensee

Date

Form OLWR-SWR-1A