

#3 Well

County: Holmes
 Permit #: _____
 Driller: Joey Saworgnan MDEQ
 Date drilling completed: 7/28/05

Well Driller Report and Well 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 #: B-43
 L. S. Elevation: _____
 E-log #: HC-B706

#3 Well

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>John Killebrew</u>	Latitude: <u>33° 18' 18N</u> Longitude: <u>90° 09' 12W</u>
Mailing Address: <u>607 East Park Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood MS, 38930</u>	¼ Sec <u>25</u> Twn <u>17N</u> Rng <u>1E</u>
City State Zip Code	Distance <u>6</u> Miles Direction <u>E</u> of Nearest Town <u>Cinger</u>
Telephone No. (____) _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Observation
 Date well drilling started: 7/25/05 Date well drilling completed: 7/28/05
 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: 450' Well depth: 115' Well grouted to a depth of 10' feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: _____ feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .13 inches Setting depth: From 105 feet to 115 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): Office of Geology

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.

Joey Saworgnan
 Print Name of Water Well Contractor and License No.

Joey Saworgnan
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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BY: OLWR

B-43

Ground Level

Description of Formations Encountered

From To

Soft Silty Clay	0	50
Stripy Sand	50	120
Clay	120	130
Stripy Sand	130	230
Clay	230	235
Stripy Sand	235	255
Silty Clay	255	305
Stripy Sand	305	410
Silty Clay	410	450

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: John Killebrew

[Handwritten Signature]
Signature of Water Well Contractor

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