

Part 2 never received 3/13

County: Holmes  
 Permit #: \_\_\_\_\_  
 Driller: Walker-Hill Environmental, Inc.  
 Date drilling completed: 4/30/10

**State Well Report**  
**Part 1 – Driller’s Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: F46  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Shiar Rahaim</u>	Latitude: <u>33 ° 09 ' 22 "</u> Longitude: <u>89 ° 48 ' 41 "</u>
Mailing Address: <u>PO Box 3143</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ridgeland MS 39158</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS ✓
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>17</u> ✓ Twn <u>15N</u> ✓ Rng <u>5E</u>
Telephone No. <u>(601) 956-7727</u>	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>West</u>

**Well / Borehole Data**

Date drilling started: 4/29/10 Date drilling completed: 4/30/10 Hole depth: 280' Hole diameter: 12"

Location of the source of any surface water used for drilling: Foxworth Water Association

Method of dosing and volume of Chlorine used in drilling and development: 2 cups of HTH per 2000 gal. of water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): No log run

Purpose of borehole (check one): Water Well X 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 X Industrial \_\_\_ Public Supply \_\_\_ Irrigation \_\_\_ Fish Culture \_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 49 feet above or below (circle one) land surface Date measured: 4/30/10

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 275' Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 255 feet to 275 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 (04/08)

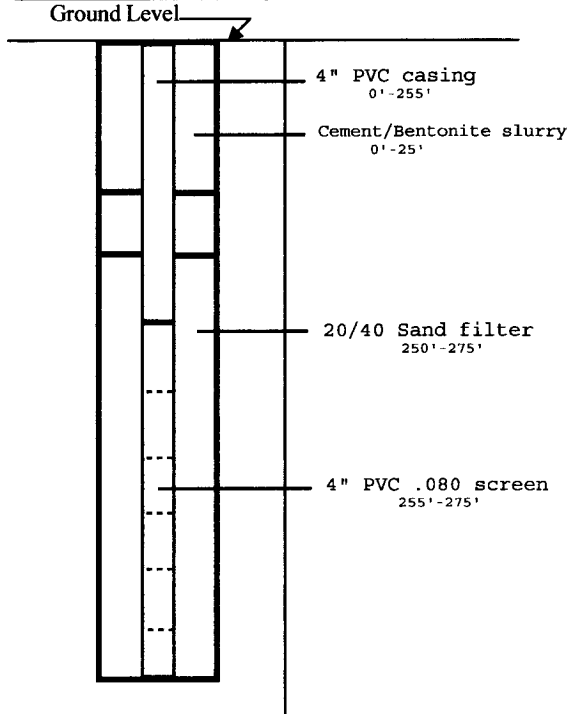
**RECEIVED**  
 MAY 14 2010  
 BY: OLWF

F46

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

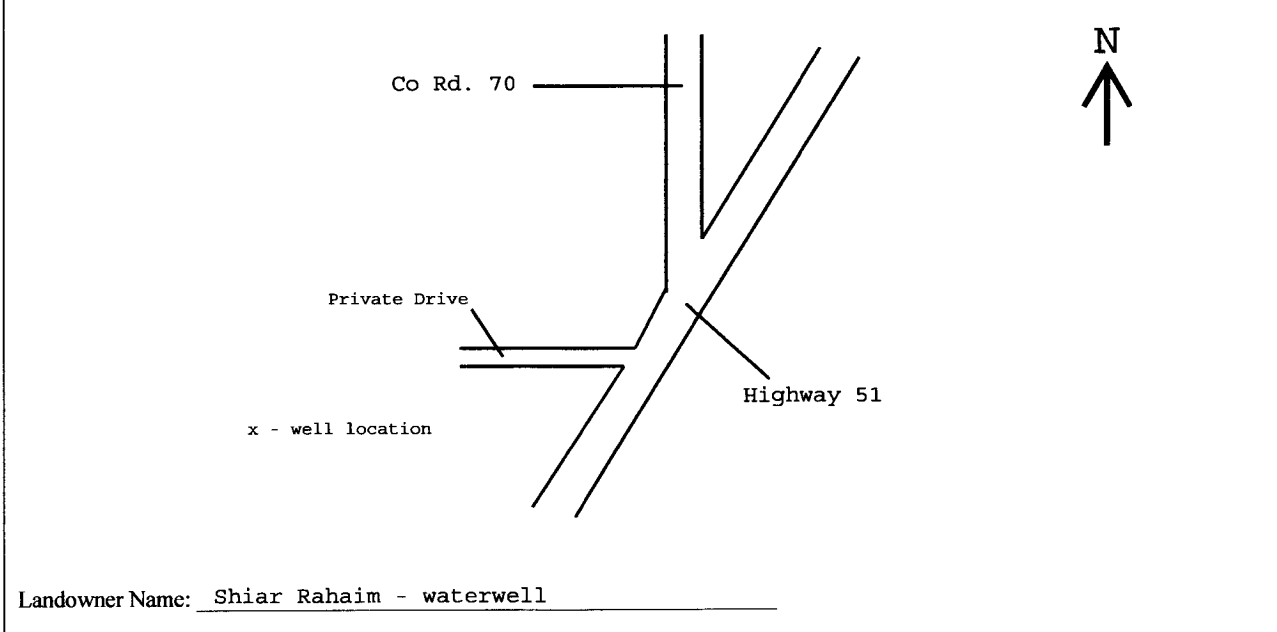
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Gray clay	Ground Level	80'
Gray/black clay	80'	100'
Black clay	100'	118'
Rock layer	118'	119'
Black clay	119'	160'
Green clay	160'	180'
Green silty clay	180'	250'
Sand	250'	275'
Sand w/ clay streaks	275'	280'

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: Shiar Rahaim - waterwell

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

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.

GARY P. HILL      0-578      5-12-10  
 Print Name of Responsible Licensee and License No.      Date

[Signature]  
 Signature of Licensee

**RECEIVED**  
 MAY 14 2010  
 BY: OLWR