

Dry Hole - No pump

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: R159
Aquifer: _____
E-Log #: _____

County: Holmes
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 5-9-14

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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Quentin Burkes</u> Mailing Address: _____ <u>Lexington MS 39095</u> City State Zip Code Telephone No. (601) <u>940-4148</u>		Well or Borehole Location Latitude: <u>33° 8.964'</u> Longitude: <u>-90° 7.704'</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 S1W 1/4, Sec 36 T 15 N R 1 E</u> <u>6</u> Miles <u>W</u> of <u>Lexington</u> (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data

Date drilling started: 5-9-14 Date drilling completed: 5-9-14 Hole depth: 170 Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: 1 lbs in tender

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

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): ~~Home~~ Industrial Public Supply Irrigation Fish Culture
 Other (describe): unused

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: X feet [above or below] land surface Date measured: X
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): X

Well depth: _____ Well grouted to a depth of: 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: X feet Casing diameter: X inches Type of casing: X

Screen length: X feet Screen diameter: X inches Type of screen: X

Screen slot size: X inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

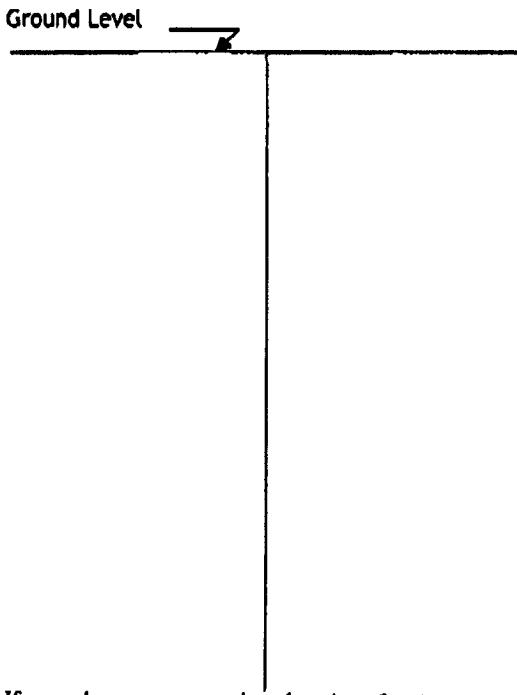
If telescoped or more than one screen, describe on next page

County: _____
 Permit #: _____

For Office Use Only:
 Well #: K159

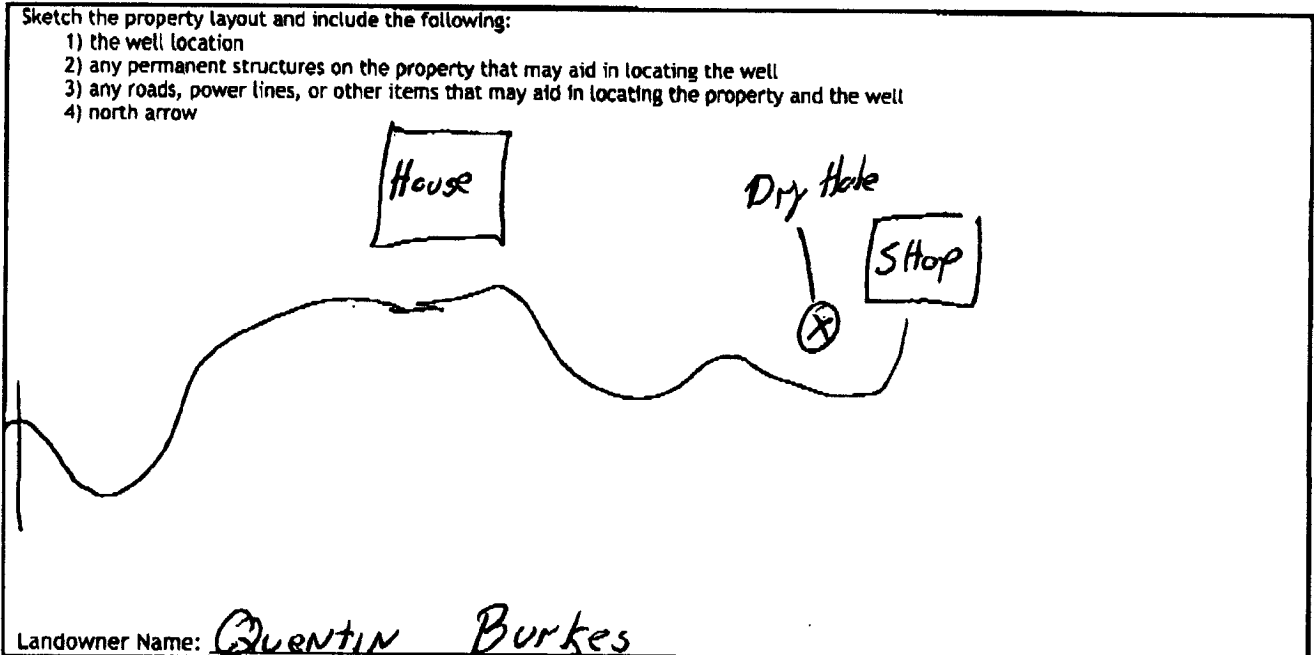
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth) Ground level	To (depth)
SAND & CLAY	0	25
MIXED w/ light GRAVEL	25	49
SAND & GRAVEL	49	70
CLAY w/ SAND & GRAVEL	70	85
SAND & CLAY	85	155
GRAVEL	155	170
LOST CIRCULATION		

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



Landowner Name: QUENTIN BURKES

I HEREBY 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.

David S. Thomas 0-147
 Print Name of Responsible Licensee and License No.

5-9-14
 Date


 Signature of Licensee