

# State Well Report

## Part 1 - 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  
(601)354-6938 (fax)

County: Holmes  
Permit #: Project # 03500-4-0306  
Driller: OLVI  
Date drilling completed: 5/25/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Φ 66  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>The Johnson McAdams Firm</u>	Latitude: <u>33 ° 05 ' 10.4 "</u> Longitude: <u>90 ° 23 ' 57 "</u>
Mailing Address: <u>MR. Mike McAdams</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>108 West Market St. Box 513</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Greenwood, MS 38935</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>3</u> Twn <u>14N</u> Rng <u>ZW</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 455-4943</u>	<u>4</u> Miles <u>West</u> of <u>STONEWALL</u>

**Well / Borehole Data**

Date drilling started: 5/25/06 Date drilling completed: 5/25/06 Hole depth: 40' Hole diameter: 7"

Location of the source of any surface water used for drilling: NIA

Method of dosing and volume of Chlorine used in drilling and development: NIA

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

Name of organization running log(s): NIA

Purpose of borehole (check one): Water Well \_\_\_ Geotechnical/Geological Investigation  Ground Source Heat Pump \_\_\_

Seismic Survey \_\_\_ Other (describe) SB's # 1 & # 2

*If drilling is not related to water well construction, skip the remainder of this block*

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 electric tape air line other: \_\_\_\_\_

Well depth: \_\_\_\_\_ Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat 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 next page*

Form: OLWR-SWR-1A

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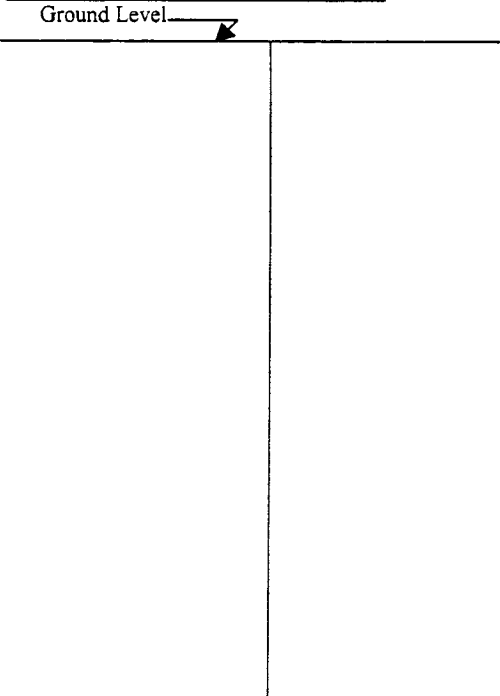
JUN 01 2006

BY: OLWR

066

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)	To (depth)
Lt. Brown SILTY Clay w/ organics	Ground Level	1'
Brown + gray Slightly SANDY Clay	1'	25'
Gray SANDY Clay	25'	40'

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.

See Site MAP enclosed

Landowner Name: The Johnson McAdams Firm

Form: OLWR-SWR-1A

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

Gino V. Olivi w/c # 0-606 5/30/06

Print Name of Responsible Licensee and License No.

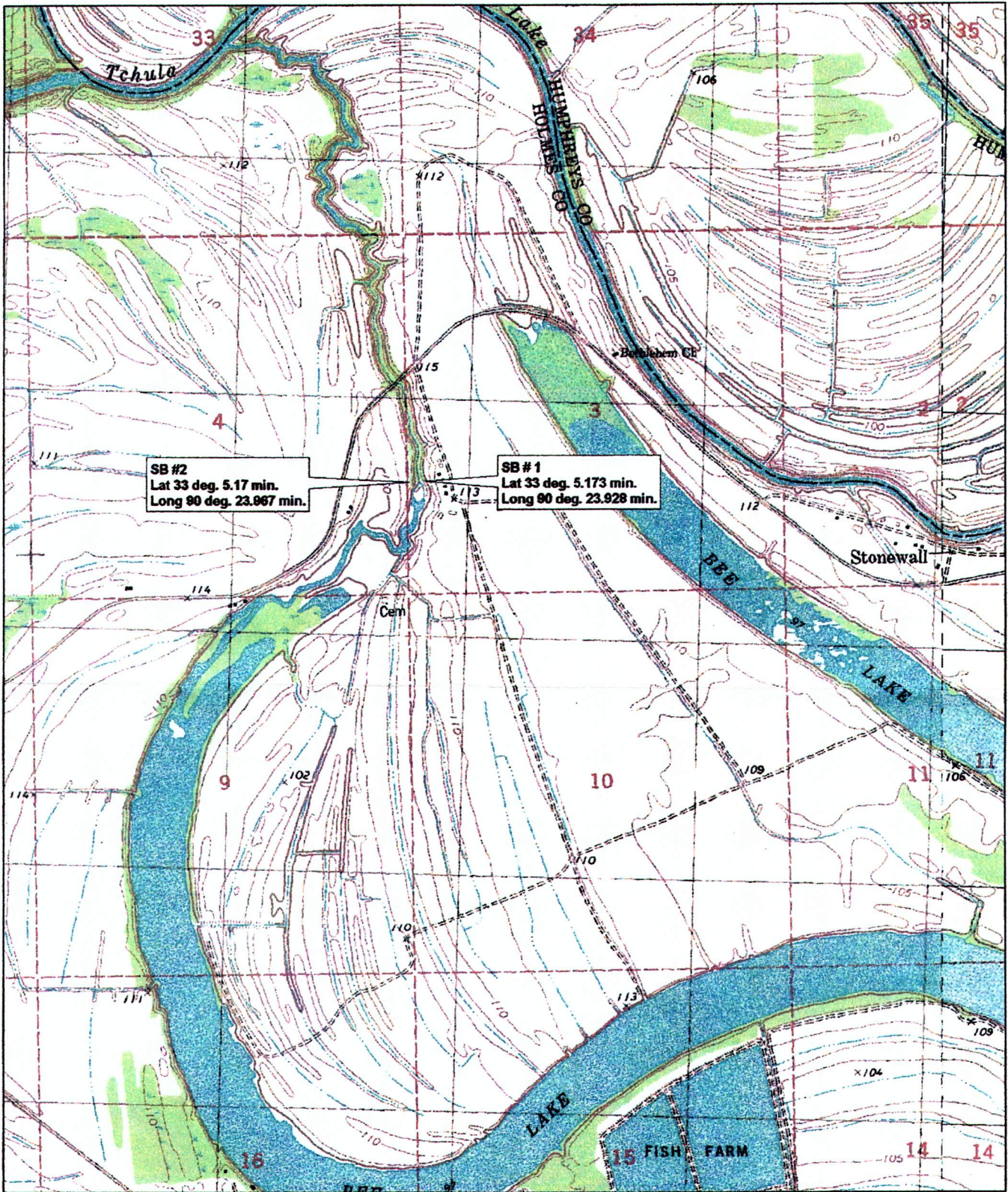
Date

Signature of Licensee

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2000 ft

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