

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 #: A92
 Aquifer: _____
 E-Log #: A-0092

County: Humphreys
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 10/11/16

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>SKY lake # 2</u>	Latitude: <u>33° 16' 41" N</u> Longitude: <u>90° 30' 02" W</u>
Mailing Address: <u>SKYlake WMA</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>1692 Old Lake Rd</u>	<u>SW 1/4 NW 1/4, Sec 34 T 17N R 3W</u>
<u>Belzoni MS 39038</u>	<u>7</u> Miles <u>North</u> of <u>Belzoni</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 10/11/16 Date drilling completed: 10/11/16 Hole depth: 140 Hole diameter: 5 1/2

Location of the source of any surface water used for drilling: 4 mile lake

Method of dosing and volume of Chlorine used in drilling and development: 1 gal Bleach per 1000 water

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

Name of organization running log(s): Office of Geology

Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) Monitoring Well

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): Monitoring

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

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

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 110 feet to 120 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

Does not need Part 2

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County: Humphreys
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 10/20/16

For Office Use Only:
 Well #: A93
 Aquifer: _____
 E-Log #: A-0093

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>SKY Lake #4</u>	Latitude: <u>33°17'51.9" N</u> Longitude: <u>90°29'56.6" W</u>
Mailing Address: <u>SKY Lake WMA</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>1692 Old Lake Rd</u>	USGS quad _____, <u>Hand-held GPS</u> <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Belzoni MS 39038</u>	<u>NW 1/4 NW 1/4, Sec 27 T. 17N R. 3W</u>
City State Zip Code	<u>8</u> Miles <u>N</u> of <u>Belzoni</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/19/16 Date drilling completed: 10/20/16 Hole depth: 80 Hole diameter: 5 1/2

Location of the source of any surface water used for drilling: 4 mile lake

Method of dosing and volume of Chlorine used in drilling and development: 1 gal Bleach per 1000 water

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

Name of organization running log(s): Office of Geology

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) Monitoring well

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): Monitoring well

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

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

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

Well depth: 80 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 70 feet to 80 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

Does not need Part 2

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For Office Use Only:

Well #: A96
Aquifer: _____
E-Log #: A-0096

County: Humphreys
Permit #: _____
Driller: Office of Geo.
Date drilling completed: 11/15/16

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)		Well or Borehole Location	
Owner Name: <u>McBride Farms + outfall</u> <u>SKY LAKE # 5</u>		Latitude: <u>33° 16' 39.1" N</u> Longitude: <u>90° 31' 22.6" W</u>	
Mailing Address: <u>2850 Sky Lake Rd</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>ISOLA</u>	<u>MS</u>	<u>38754</u>	<u>NE 1/4 SE 1/4, Sec 32 T 17N R 3W</u>
City	State	Zip Code	<u>4</u> Miles <u>east</u> of <u>ISOLA</u>
Telephone No. (____) _____		(Distance)	(Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11/15/16 Date drilling completed: 11/15/16 Hole depth: 80 Hole diameter: 6.5
 Location of the source of any surface water used for drilling: Farm pond near site
 Method of dosing and volume of Chlorine used in drilling and development: 1 gal Bleach / 1000 water
 Logs run (circle all applicable): No log run Electric Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____
 Name of organization running log(s): Office of Geology
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) Monitoring well

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): Monitoring well
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet [above or below] land surface Date measured: _____
 (circle one)
 Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): _____
 Well depth: 80 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____
 Casing length: 72 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 70' feet to 80' 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

