

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:

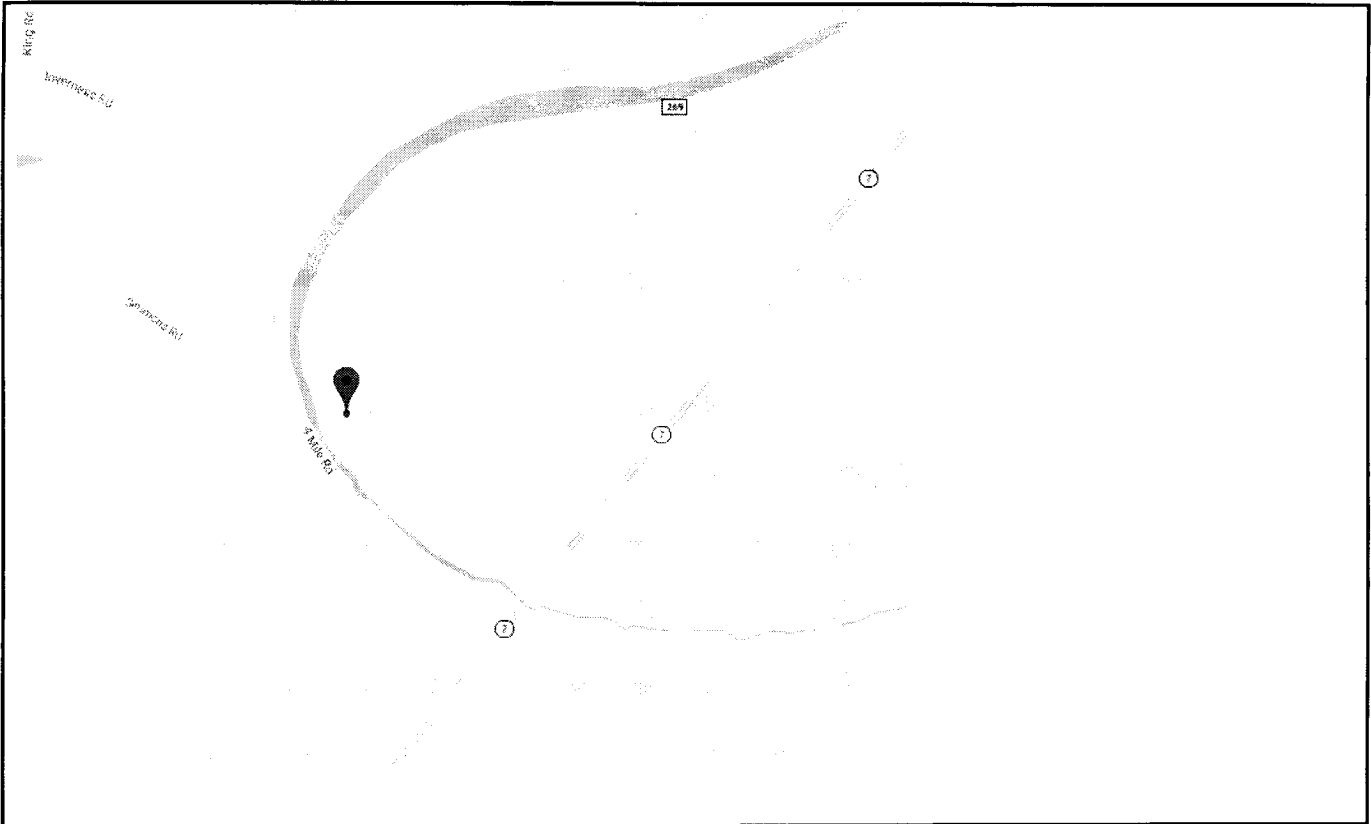
Well #: A 94
Aquifer: _____
E-Log #: A-0094 _____

County: HUMPHREYS _____
Permit #: _____
Driller: MS OFFICE OF GEOLOGY
Date drilling completed: 10/18/16

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: SKY LAKE WMA	Latitude: 33 16'45" Longitude: 90 28'08.5"
Mailing Address: 1692 OLD LAKE RD	Method of Lat/Long <i>(check one)</i> : Conventional Survey,
City: BELZONI State MS Zip Code 39038	USGS quad , <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. (662) 247-2613	IRREGULAR SECTION Sec 36 T 17N R 3W
<u>SKY LAKE WMA Well #8</u>	_____ E _____ of _____ <i>(Distance) (Direction) (Nearest Town)</i>

Well / Borehole Data
Date drilling started: 10/17/16 Date drilling completed: 10/18/16 Hole depth: 80' Hole diameter: 5.5"
Location of the source of any surface water used for drilling: SKY LAKE
Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER
Logs run <i>(circle all applicable)</i> : No log run <u>Electric Gamma Ray</u> Density Sonic Neutron Other:
Name of organization running log(s): MDEQ/GEOLOGY
Purpose of borehole <i>(circle one)</i> : <u>MONITOR Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other <i>(describe)</i> M
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well <i>(circle all applicable)</i> : Home Industrial Public Supply Irrigation Fish Culture
Other <i>(describe)</i> : SKY LAKE WMA MONITOR Well #8 _____
If a flowing well, method of flow regulation: Valve _____ Other <i>(describe)</i> _____
Static Water Level: _____ feet [above or below land surface Date measured: _____ <i>(circle one)</i>
Method of measurement <i>(circle one)</i> : Steel tape Electric tape Air line Other <i>(describe)</i> : _____
Well depth: 80 feet Well grouted to a depth of: 10 feet Type of grout <i>(circle one)</i> : Neat Cement <u>Bentonite</u> 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: .012 _____ inches Setting depth: From 70 _____ feet to 80 _____ feet
Type of completion <i>(circle all applicable)</i> : <u>Gravel packed</u> Underreamed Open hole Natural Development
Other <i>(describe)</i> : _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>



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.

ARCHIE MCKENZIE UNR-555
Print Name of Responsible Licensee and License No.

11/1/16
Date


Signature of Licensee