

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 #: H2A
Aquifer: _____
E-Log #: _____

County: Jasper
Permit #: _____
Driller: A-1 Drilling Serv. Inc.
Date drilling completed: _____

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.

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Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Matt Arender</u>	Latitude: <u>32° 4' 25" N</u> Longitude: <u>89° 0' 39" E</u>
Mailing Address: <u>12 Wilshire Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Laurel</u> State: <u>Ms.</u> Zip Code: <u>39443</u>	USGS quad: <u>SW</u> <u>NW</u> <u>SE</u> <u>NE</u> <u>30</u> <u>25</u> T <u>3N</u> R <u>1E</u>
Telephone No. <u>(601) 319 2100</u>	<u>± 3</u> Miles <u>N</u> of <u>Paulding</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data

Date drilling started: 10-26-16 Date drilling completed: 10-27-16 Hole depth: 200' Hole diameter: 5 1/4"

Location of the source of any surface water used for drilling: Paulding W.A.

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

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) No well made

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): _____

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: _____ 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 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

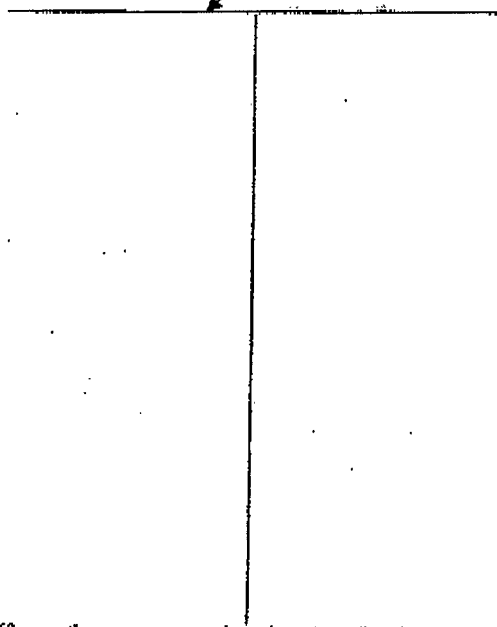
County: _____
 Permit #: _____

For Office Use Only:
 Well #: A 24

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

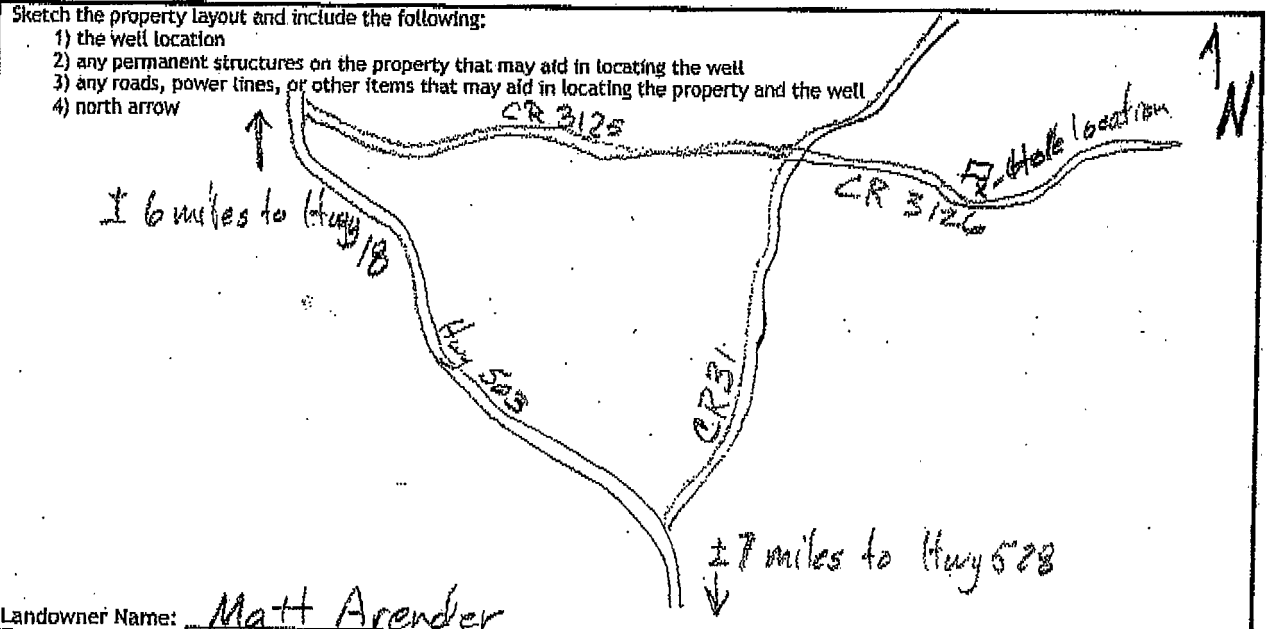


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Red sandy clay	2	13
White + pink sandy clay	13	35
Tan clay with Rock ledges	35	41
Stiff brown clay	41	63
Light gray sand	63	136
Light gray sandy clay	136	200

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



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.

Mike Baughman 11-2-16
 Print Name of Responsible Licensee and License No. Date Signature of Licensee