

Part 2 never received 3/13

County: Jones
 Permit #: _____
 Driller: Joey Boyles
 Date drilling completed: 4-10-10

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)

For Office Use Only:
 Aquifer: K51
 Well #: _____
 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> Owner Name: <u>JCJC</u> Mailing Address: <u>Liberal Arts Center</u> <u>900 South Court St.</u> <u>Ellisville, MS 39437</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>31° 34' 35.26"</u> Longitude: <u>-89° 13' 11.56"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 17 Twn 7N Rng 12W</u> Distance Direction Nearest Town <u>20 Miles SW of Laurel</u>
Well / Borehole Data Date drilling started: <u>9/13/09</u> Date drilling completed: <u>4/10/10</u> Hole depth: <u>320</u> Hole diameter: <u>4 1/4"</u> Location of the source of any surface water used for drilling: <u>city water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump <u>X</u> Seismic Survey _____ Other (describe) _____ <i>(If drilling is not related to water well construction, skip the remainder of this block)</i>		
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 <i>If increased or more than one screen, describe on next page</i>		

Form: OLWR-SWR-1A

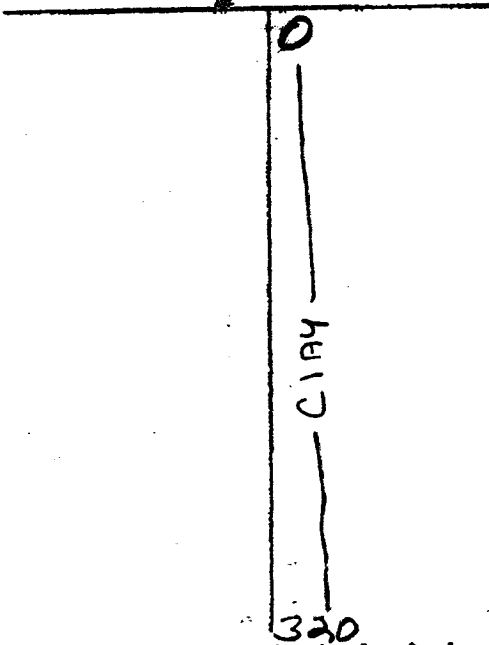
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K51

The sketch below only required for water wells.

If well screens, show depths on sketch.

Ground Level _____



Description of Formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation.

Description of Formations Encountered	From (depth) Ground Level	To (depth)
CLAY	0	320

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 attachment

Landowner Name: _____

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.

Fred Danforth 0-69861

Print Name of Responsible Licensee and License No. _____

Fred Danforth

Signature of Licensee _____

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