

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: Leflore
 Permit #: _____
 Driller: Jones W. Nelson
 Date drilling completed: 3-11-08

For Office Use Only:

Aquifer: _____
 Well #: F-181
 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>Air and Heat Services</u>	Latitude: <u>34° 21' 982"</u> Longitude: <u>89° 31' 512"</u>
Mailing Address: <u>305 S 5th St</u>	Method of Lat/Long (circle one): <u>59</u> Conventional Survey, <u>31</u>
<u>Oxford</u> <u>MS</u> <u>38655</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(901) 568-2921</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>2104</u> Twn <u>8S</u> Rng <u>3W</u>
	<u>SW</u> Distance <u>0</u> Miles <u>in</u> of <u>Oxford</u>
Well / Borehole Data	
Date drilling started: <u>3-5-08</u> Date drilling completed: <u>3-11-08</u> Hole depth: <u>230'</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>	
Logs run (circle all applicable) <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ <u>Ground Source Heat Pump</u> <input checked="" type="checkbox"/>	
Seismic Survey ___ Other (describe) <u>NA</u>	
<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 telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

RECEIVED

APR 02 2008

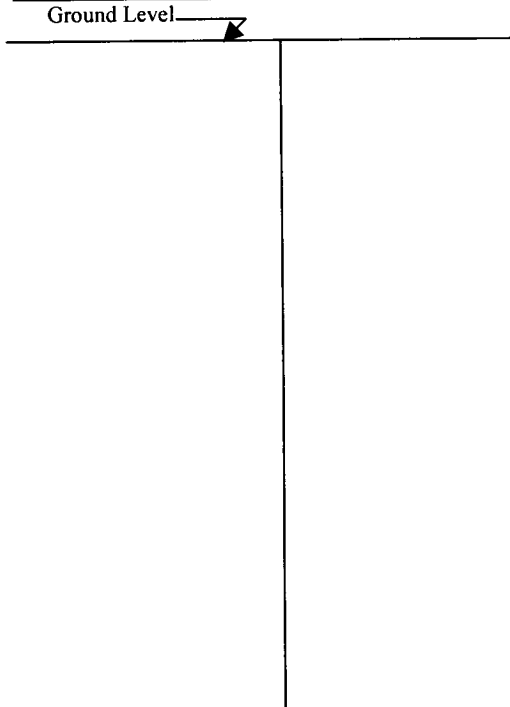
BY: OLWR

F-181

The sketch below only required for water wells

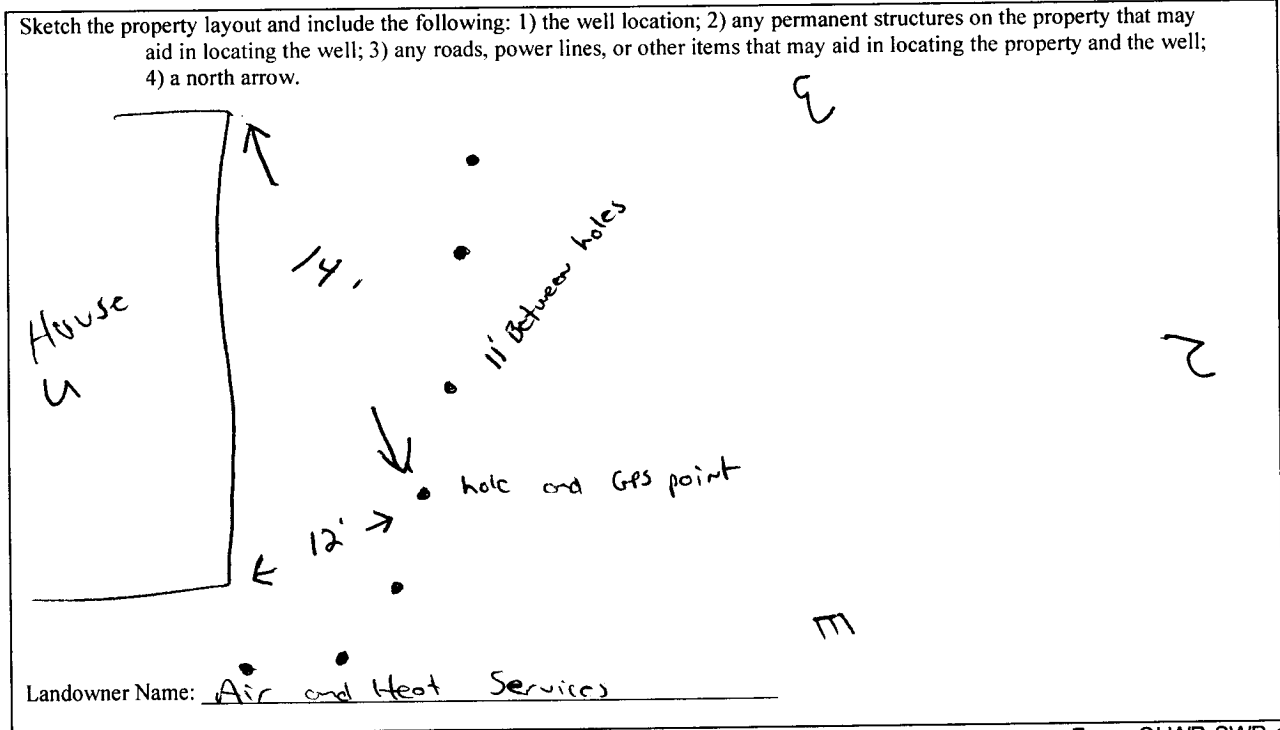
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground Level	18
white sand	18	70
hard rock	70	71
white sand	71	160
hard rock	160	162
Black clay	162	230

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



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.

Print Name of Responsible Licensee and License No. Jones W. Mason 0620 Date 3-28-08

Signature of Licensee [Signature]

RECEIVED

APR 02 2008

BY: OLWR