

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
(601)961- 5210
(601)961- 5228 (fax)

County: Lafayette
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 7-30-08

For Office Use Only:
Aquifer: _____
Well #: F-184
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Air and Heat Service</u>	Latitude: <u>34° 22' 28.3"</u> Longitude: <u>89° 33' 05.8"</u>
Mailing Address: <u>429 Turnberry Court</u>	Method of Lat/Long (circle one): <u>47</u> Conventional Survey, <u>04</u>
<u>Oxford</u> <u>MS</u> <u>38655</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>21</u> Twn <u>8S</u> Rng <u>3W</u>
Telephone No. <u>(601) 568-2921</u>	<u>SW SE</u> 18 Distance Direction Nearest Town <u>0</u> Miles <u>W</u> of <u>Oxford</u>

Well / Borehole Data

Date drilling started: 7-30-08 Date drilling completed: 8-18-08 Hole depth: 230 Hole diameter: 5"

Location of the source of any surface water used for drilling: NA

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

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

Name of organization running log(s): NA

Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump

Seismic Survey ___ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A (04/08)

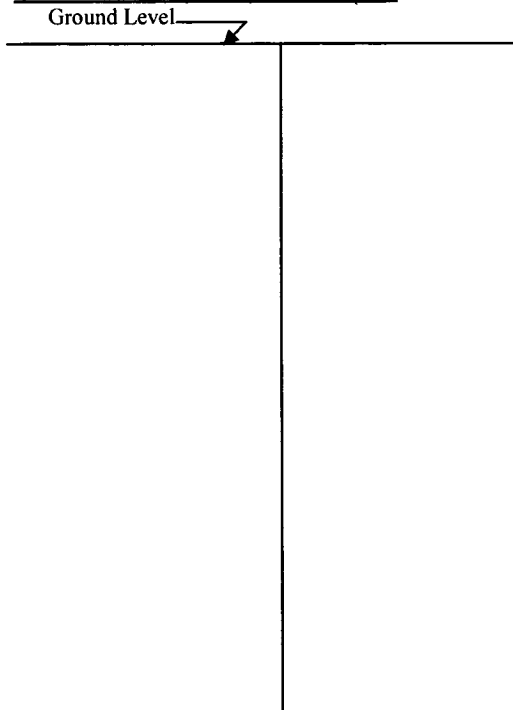
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F-184

The sketch below only required for water wells

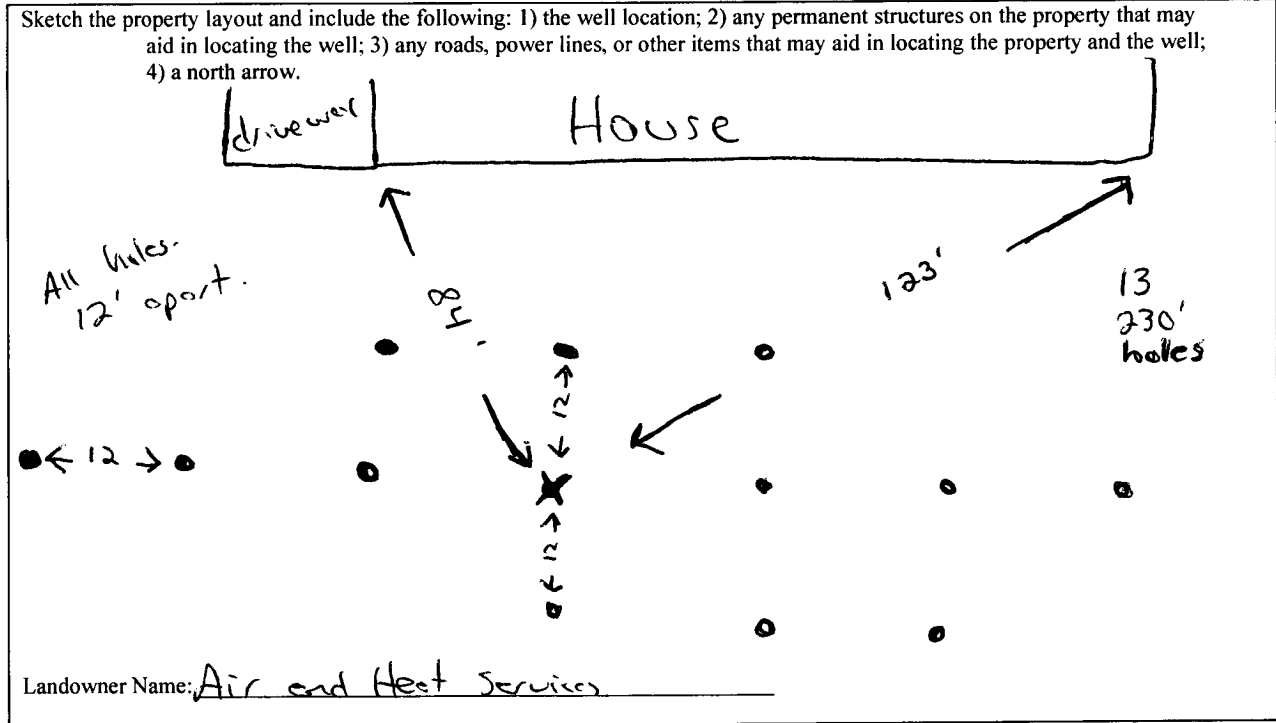
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay dirt	Ground Level	5
white sand	5	105
rock	105	140
Black clay	140	142
Rock	142	200
Black clay	200	201
Rock	201	210
Black clay	210	212
Rock	212	215
Black clay	215	216
Rock	216	230

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



Form: OLWR-SWR-1A (04/08)

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.

Jones W. Mason 0-620
 Print Name of Responsible Licensee and License No.

8-27-08
 Date

[Signature]
 Signature of Licensee

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