

State Well Report

Part I - 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: Lauderdale
 Permit #: _____
 Driller: Fred Danforth
 Date drilling completed: July 23, 2007

For Office Use Only:
 Aquifer: _____
 Well #: 5-56
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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>(Licensee of borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>David Kennard</u>	Latitude: <u>32°-17'-22" N</u> Longitude: <u>89°-42'-23" W</u>
Mailing Address: <u>5268 Stone Br: Ar Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Mederan MS 39301</u>	USGS quad: <u>(Hand-held GPS) Survey-grade GPS</u>
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 7 Twn 5N Rng 16E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5 Miles South of Meridian</u>

Well / Borehole Data

Date drilling started: 7-6-07 Date drilling completed: 7-23-07 Hole depth: 230 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: Potable Water

Method of casing 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 (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

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5-56

The sketch below only required for water wells

If well telecones, show depths on sketch.

Ground Level _____

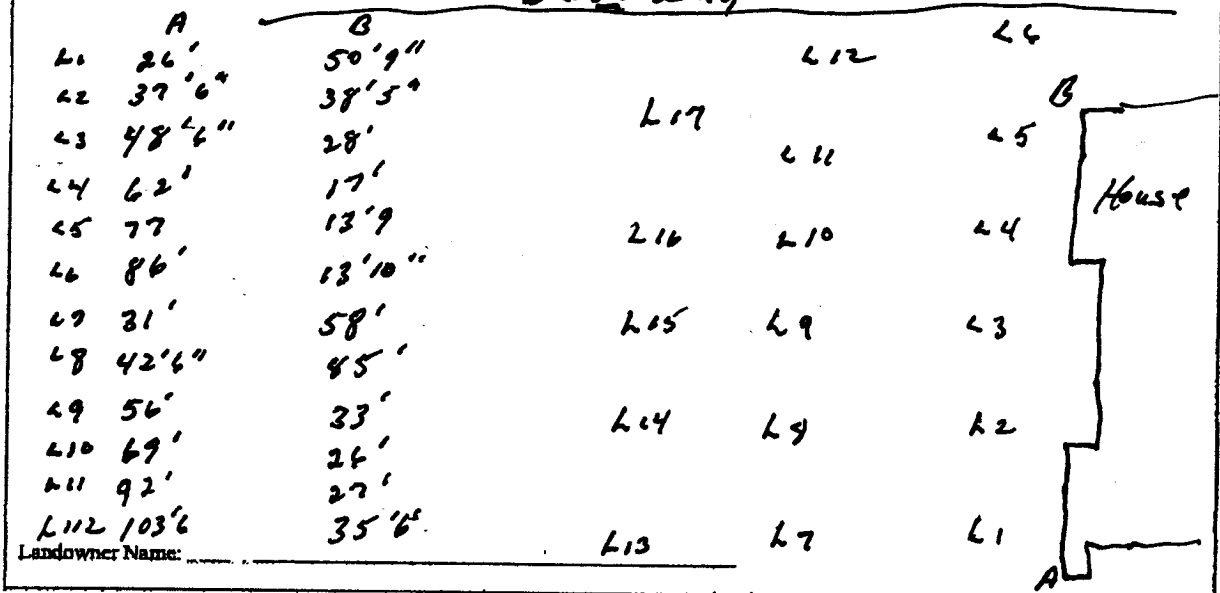
	A	B
L13	49'	67' 6"
L14	57'	57'
L15	68'	48' 6"
L16	78'	42'
L17	91'	40'

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)
Sand Clay	Ground Level	6'
SAND Stone	6'	8'
SAND	8'	12'
SAND Stone	12'	16'
SAND & CLAY	16'	22'
SAND Stone	22'	30'
CLAY SAND	30'	41'
SAND Stone	41'	43'
SAND	43'	44'
SAND Stone	44'	56'
SAND	56'	72'
SAND Stone	72'	75'
SAND & CLAY	75'	83'
SAND Stone	83'	91'
CLAY	91'	230'

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.



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. Fred Danforth 0-6986T Date 8-15-07

Signature of Licensee Fred Danforth

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