

County: Lawrence
 Permit #: _____
 Driller: Cletus Magee
 Date drilling completed: 10/21/04

Well Driller Report and Well 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: _____
 Well #: E-36
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Foster Martin</u> | Latitude: <u>31° 41' 25"</u> Longitude: <u>90° 02' 26"</u> |
| Mailing Address: <u>163 Martin Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Silver Creek MS</u> City State Zip Code | <u>4 1/4 SW 1/4 Sec 5 Twn 8N Rng 20W</u> NW |
| Telephone No. () <u>NA</u> | Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>New Hebron</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test hole

Date well drilling started: 10/18/04 Date well drilling completed: 10/21/04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: NA feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 620 Well depth: _____ Well grouted to a depth of 620 feet

Type of grout (circle one): 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 back of page

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

Name of organization running log(s): Office of Geology

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Office of Geology
Cletus W Magee 0-619
 Print Name of Water Well Contractor and License No.

Cletus W Magee **RECEIVED**
 Signature of Water Well Contractor NOV 08 2004

If well telescopes please sketch below and show depths.

BY: OLWR

(77)

If well telescopes please sketch below and show depths.

Ground Level

E-36

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Sand + gravel | 0 | 12 |
| Clay | 12 | 13 |
| Sand | 13 | 50 |
| Clay | 50 | 95 |
| Sand | 95 | 190 |
| Rock | 190 | 191 |
| Sand | 191 | 193 |
| Sandy clay | 193 | 208 |
| Clay | 208 | 212 |
| Clay | 212 | 375 |
| Sand | 375 | 395 |
| Clay | 395 | 425 |
| Sandy silt clay | 425 | 440 |
| Clay | 440 | 505 |
| Sand | 505 | 535 |
| Clay | 535 | 570 |
| Fine sand | 570 | 580 |
| Silt clay | 580 | 620 |
| | | |
| | | |
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| | | |

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) indicate direction.

Landowner Name: _____


 Signature of Water Well Contractor

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 NOV 08 2004
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