

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 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

BY: OLWR

For Office Use Only:

Well #: E56

Aquifer: _____

E-Log #: _____

County: Lawrence

Permit #: _____

Driller: GRENN WATER WELL & SUPPLY, INC.

Date drilling completed: 2-5-15

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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Samuel Rester</u> Mailing Address: <u>548 Daughdrill Rd</u> <u>Silver Creek MS 39663</u> City State Zip Code Telephone No. (601) <u>455-0043</u>	31 37 59.44 Well or Borehole Location 89 59 6.67 W Latitude: <u>31° 37.777</u> Longitude: <u>90° 58.902</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ ^{SE} <u>SW</u> ¼ ^{NW} <u>NE</u> ¼, Sec <u>26</u> T. <u>8N</u> R. <u>20W</u> <u>2</u> Miles <u>NE</u> of <u>Silver Creek</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 2-5-15 Date drilling completed: 2-5-15 Hole depth: 174 Hole diameter: 7

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

Method of dosing and volume of Chlorine used in drilling and development: mud pit & gravel pack

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

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Poultry Farm

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

Static Water Level: 49 feet [above or below land surface] (circle one) Date measured: 2-5-15

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe) _____

Well depth: 170 Well grouted to a depth of: 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 150 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

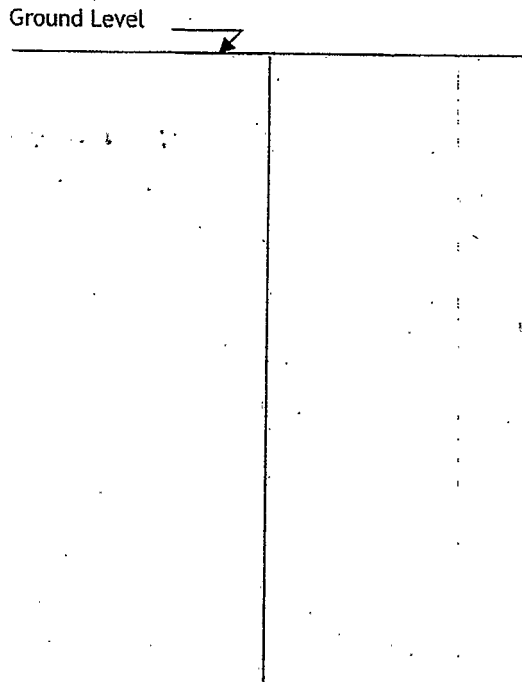
If telescoped or more than one screen, describe on next page

County: Lawrence
 Permit #: _____

For Office Use Only:
 Well #: E54

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

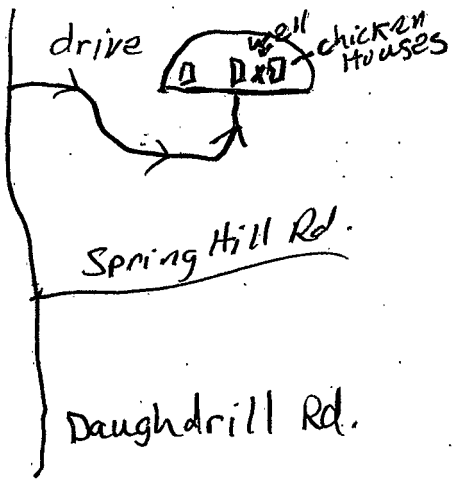
Description of Formations Encountered	From (depth)	To (depth)
sandy red clay	Ground level	68
gravel & sand	68	120
streaks	120	14
sand & gravel	140	175
sandrock	175	

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) north arrow

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Landowner Name: Samuel Rester

I HEREBY 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.

BRIAN D. McCLENDON UNR-00000664 2-6-15 Brian McCleendon
 Print Name of Responsible Licensee and License No. Date Signature of Licensee