

Part 2 never received 3/13

County: Lawrence
 Permit #: _____
 Driller: Walker-Hill Environmental, Inc.
 Date drilling completed: 8/22/2008

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)

For Office Use Only:
 Aquifer: _____
 Well #: G62
 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>Joe Stormo</u>	Latitude: <u>31° 34' 28"</u> Longitude: <u>90° 03' 54"</u>
Mailing Address: <u>161 Roan Ready Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Monticello MS 39654</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>13</u> Twn <u>7N</u> Rng <u>11E</u>
Telephone No. (601) 587-7919	SW NE
	Distance Direction Nearest Town
	<u>3</u> Miles <u>NE</u> of <u>Monticello</u>

Well / Borehole Data

Date drilling started: 8/21/08 Date drilling completed: 8/22/08 Hole depth: 326' Hole diameter: 7.78"

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

Method of dosing and volume of Chlorine used in drilling and development: 2 cups HTH per 2000 gal. of water

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

Name of organization running log(s): No log run

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) PVC Ball Valve

Static Water Level: + 4 feet above or below (circle one) land surface Date measured: 8/22/08

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

Well depth: 320' Well grouted to a depth of 100 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 300 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 300 feet to 320 feet

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

Other (describe): _____

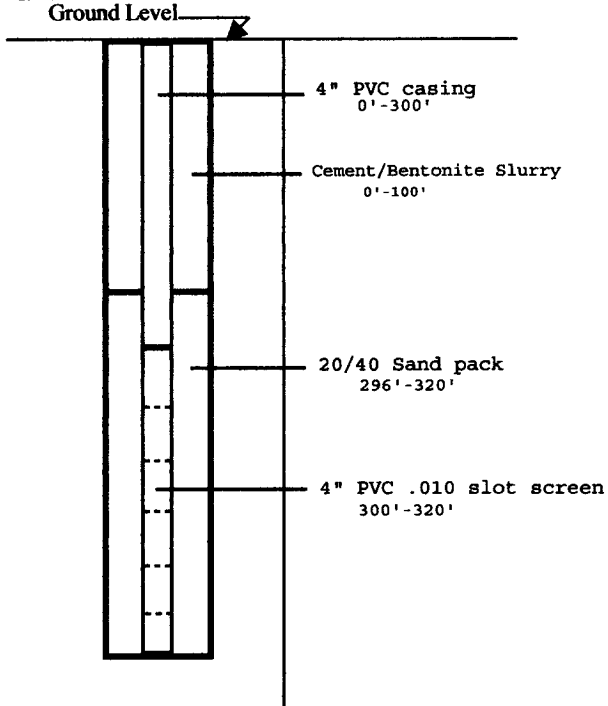
Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A

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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)
Clay	Ground Level	10'
Sand/pea gravel	10'	20'
Clay/gravel	20'	200'
Sand	200'	320'
Pea gravel to clay	320'	326'

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.

Landowner Name: Joe Stormo - (water well)

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.

GARY P. HILL 0-578 7-14-09
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee

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