County: LEFLORE
Permit #:
Driller: MS OFFICE OF GEOLOGY
Date drilling completed: 6/30/16

Purpose of borehole (circle one): Water Well

Top of lap pipe or reduction in casing: ______feet

Seismic Survey

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)

For Office Use Only:
Well #: <u>A 1 7 8</u>
Aquifer:
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.

Well Owner Information	Well or Borehole Location			Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 33 44'50" Longitude: 90 24'04"					
Owner Name: Delta Blues Rice	50.3 4.32					
Mailing Address: 3731 Highway 8 East	Method of Lat/Long (check one): Conventional Survey, USGS quad , Hand-held GPS , Survey-grade GPS					
making Address. Oron nighway o Last						
City: RULEVILLE State MS Zip Code 38771	SE/4,NE/4 Sec 28 T 22N R 2W					
Telephone No. (662) 618-2060	5MilesE of RULEVILLE					
VADOSE WELL #1	(Distance) (Direction) (Nearest Town)					
Well / Borehole Data						
Date drilling started: 5/10/16 Date drilling completed: 6/30/16 Hole depth: 40' Hole diameter: 7.0"						
Location of the source of any surface water used for drilling: LAKE ON SITE						
Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER						
Logs run (circle all applicable): No log run Electric Gamr	na Ray Density Sonic Neutron Other:					
Name of organization running log(s):						

Geotechnical/Geological Investigation Ground Source Heat Pump

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture Other (describe): VADOSE WELL #1 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: ______feet [above or below] land surface Date measured: _____ (circle one) Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Well depth: 40 feet Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 30 ______feet Casing diameter: 4______inches Type of casing: PVC______ Screen length:10 ______feet Screen diameter: 4 _____inches Type of screen: PVC _____ Screen slot size: .012 inches Setting depth: From 30______feet to 40 _____feet Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development Other (describe): ___

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

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

Form: OLWR-SWR-1A (4/13)

County: LEFLORE		For Office Use Only:			
Permit #:		Well #: _	Aras		
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. Ground Level	Description of Formations Encountered CLAY		From (<i>depth</i>) Ground level	To (depth)	
	CRS SAND		32	40	
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	d in locating the wall				
3) any roads, power lines, or other items that may aid in 4) north arrow	locating the property and the well				
Landowner Name: Delta Blues Rice					
I HEREBY CERTIFY that the well/borehole was drilled, c requirements of the Mississippi Department of Environm if applicable, and state laws.	onstructed, and completed in a nental Quality and the Mississipp	ccordance oi Departn	with all applice ment of Health	cable regulations,	
ARCHIE MCKENZIE UNR-555 Print Name of Responsible Licensee and License No.	6 / 30 /16 Date		of Licensee		

Signature of Licensee
Form: OLWR-SWR-1A (4/13)