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

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>#\\&\?</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 (Landowner if borehole is not for a water well)	Well or Borehole Location		
	Latitude: 33 44'50" Longitude: 90 24'04"		
Owner Name: Delta Blues Rice	So 34 A.43 Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: 3731 Highway 8 East	Method of Lati Long (theth one). Conventional survey,		
	USGS quad , Hand-held GPS , Survey-grade GPS		
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		
MONITOR WELL #2	(Distance) (Direction) (Nearest Town)		

Well / Borehole Data					
Date drilling started: 5/10/16 Date drilling completed: 6/30/16 Hole depth: 95' 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 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 (<i>describe</i>)					
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): MONITOR WELL #2					
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: 95 feet Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 75feet Casing diameter: 4inches Type of casing: PVC					
Screen length:20feet Screen diameter: 4inches Type of screen: PVC					
Screen slot size: .012inches Setting depth: From 75feet to 95feet					
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					

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

County: LEFLORE		For Office Use Only:			
Permit #:		Well #: _	ESIA		
The sketch below only required for water wells	Description of formations enco and boreholes, unless specifica				
If well telescopes, show depths on sketch.					
Ground Level	Description of Formations Encount	tered	From (depth)	To (depth)	
Wilder Ecvet	CLAY		Ground level	32	
	CRS SAND		32	39	
	SAND & PEA GRAVEL		39	58	
	LARGE GRAVEL		58	60	
	CRS SAND		60	68	
	SAND & GRAVEL		68	95	
			•		
					
			•		
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 any roads, power lines, or other items that may aid in a line of the property that may aid in any roads, power lines, or other items that may aid in a line of the property that may aid in any roads, power lines, or other items that may aid in a line of the property that may aid in any roads.	aid in locating the well in locating the property and the well				
Landowner Name: Delta Blues Rice					
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.					
CLETUS MAGEE 0-619 6	120 /14	17.1	Mark		
Print Name of Responsible Licensee and License No.	7 / 30 / 16 (CC) Date	Signature	of Liceosee		