

County: Leflore  
 Permit #: GW 16048  
 Driller: Layne Central  
 Date drilling completed: 12/10/04

### 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 #: B-112  
 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>Minter City Water &amp; Sewer</u>	Latitude <u>N33° 44' 14"</u> Longitude: <u>W90° 18' 20"</u>
Mailing Address: <u>P.O. Box 73</u>	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad. <u>Hand-held GPS</u> Survey-grade GPS
<u>Minter City MS 38944</u>	<u>1/4 1/4 Sec 28 Twn 22N Rng 1W</u>
City State Zip Code	
Telephone No. <u>(662) 226-1081</u>	Distance Direction Nearest Town <u>0.2 Miles North of Minter City</u>

**Well Data**

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

Date well drilling started: 10/11/04 Date well drilling completed: 12/10/04

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 12/10/04

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

Hole depth: 1204' Well depth: 759' Well grouted to a depth of 675 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 675 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: Rod Based

Screen slot size: .017 inches Setting depth: From 680 feet to 755 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: 615 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): USGS (State of MS)

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.

Layne Central 0064 David Cook  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

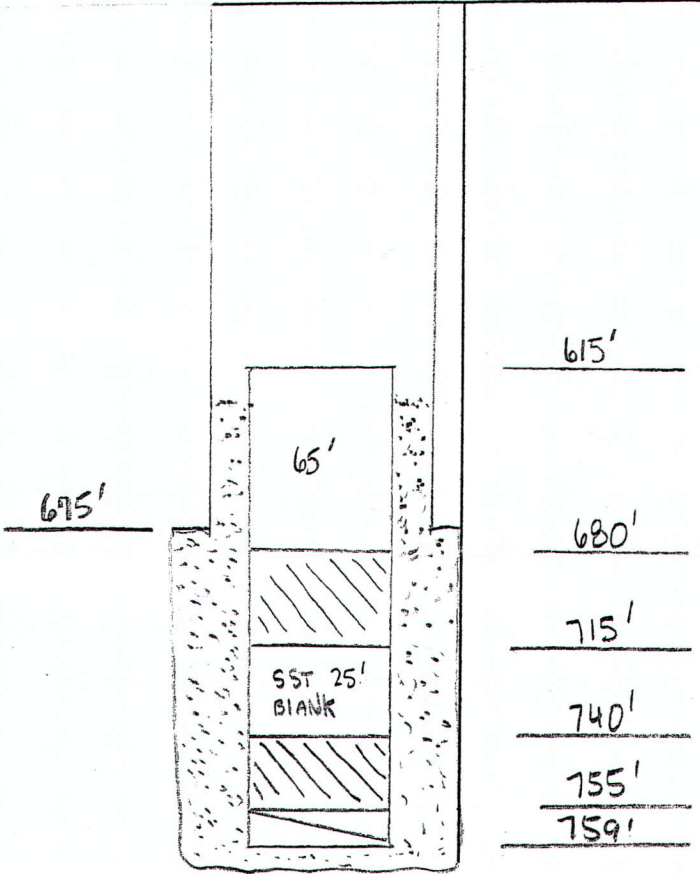
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If well telescopes please sketch below and show depths.

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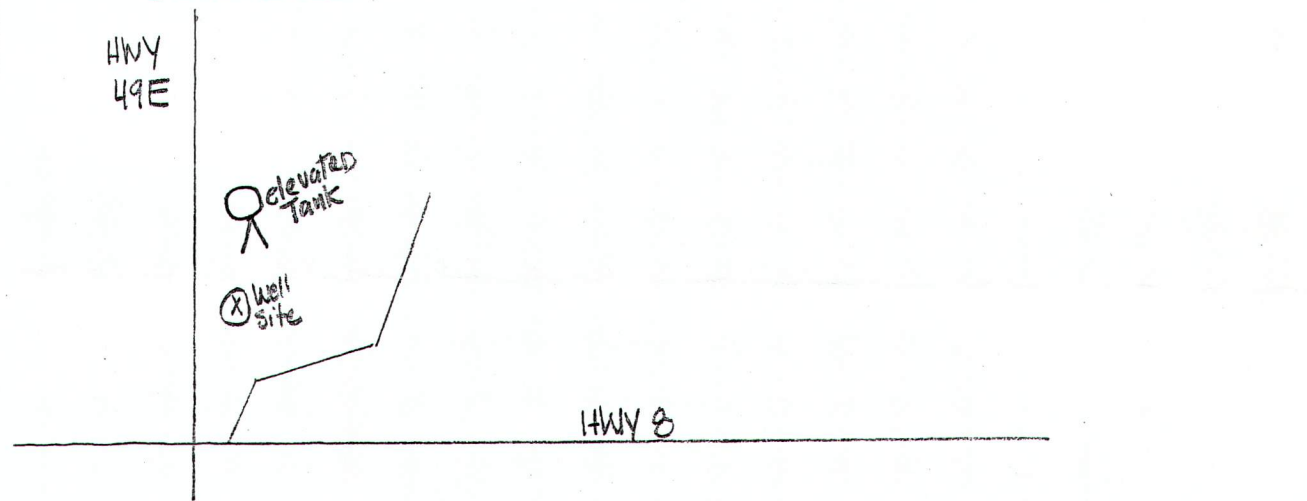
Ground Level



Description of Formations Encountered	From	To
Clay	0	8
Fine Sand	8	35
Coarse Sand & Gravel	35	113
Rock	113	116
Coarse Sand & Gravel	116	119
Rock	119	120
Coarse Sand & Gravel	120	125
Clay	125	215
Clay & Sand Streaks	215	225
Sand & Small Clay Streaks	225	323
Clay	323	333
Hard Shale	333	369
Hard Shale & Rock Streaks	369	385
Clay	385	390
Sand, Shale & Lignite Strk	390	457
Rock	457	458
Shale ( Green Sand )	458	480
Rock	480	481
Shale	481	485
Rock	485	486
Shale & Green Sand	486	505
Rock	505	506
Shale & Rock Streaks	506	530
Rock	530	531

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: \_\_\_\_\_

Dave Cook  
 Signature of Water Well Contractor

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Ground Level

Description of Formations Encountered	From	To
Shale & Sand Streaks	531	540
Rock	540	541
Sandy Shale ( Green Sand )	541	570
Rock	570	571
Hard Shale & Sand Streaks	571	700
Sandy Shale	700	740
Sand & Shale Streaks	740	760
Shale	760	789
Sand	789	795
Sandy Shale	795	813
Hard Shale	813	823
Sandy Shale	823	879
Rock	879	880
Hard Shale & Clay	880	909
Sand	909	910
Shale	910	914
Green Sand & Shale Streaks	914	931
Sandy Clay	931	1000
Clay & Sand Streaks	1000	1020
Clay	1020	1090
Clay & Small Sand Streaks	1090	1140
Rock	1140	1145
Shale & Green Sand Streaks	1145	1194
Shale	1194	1204

If more than one screen, show location of each on sketch

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Landowner Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

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 #: B-112
Elevation:

County: Leflore
Permit #:
Driller: Layne Central
Date completed: 3/17/05

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information and Well Location section containing owner name, address, telephone, latitude/longitude, and survey method.

Pump Type and Power Type section containing details on pump specifications, engine type, and capacity.

Pump Test Data and Method of Measuring Water Level section containing test results and measurement methods.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

APR 01 2005

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