

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Cletus Magee  
 Date drilling completed: 10/28/04

### 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 #: C-134  
 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>Avin Whittington Jr</u>	Latitude: <u>31° 39' 51N</u> Longitude: <u>90° 23' 01W</u>
Mailing Address: <u>PO BX 211</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Schaefer MS 38952</u>	USGS quad, <u>NE 1/4 NE 1/4 Sec 27 Twn 21N Rng 2W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Schaefer</u>
Telephone No. (____) _____	

**Well Data**

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

Date well drilling started: 10/25/04 Date well drilling completed: 10/28/04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 580 Well depth: \_\_\_\_\_ Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: \_\_\_\_\_

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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 back of page**

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

Name of organization running log(s): Office of Geology

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.

Office of Geology  
Cletus Magee 0619  
 Print Name of Water Well Contractor and License No.

**RECEIVED**  
Cletus Magee  
 Signature of Water Well Contractor  
 NOV 08 2004  
**BY: OLWR**

If well telescopes please sketch below and show depths.

(83)

C-134

Ground Level

Description of Formations Encountered	From	To
Clay	0	32
Sand	32	53
sand + gravel	53	134
Clay	134	140
gravel + clay	140	150
Sand	150	221
Clay	221	245
Sand	245	255
Clay	255	285
Sand	285	310
Clay	310	425
Sand	425	460
Clay	460	467
Sand	467	480
Clay	480	550
sandy clay	550	580

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: \_\_\_\_\_

  
 Signature of Water Well Contractor

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