

County: Leflore  
 Permit # \_\_\_\_\_  
 Driller: MS. OFFICE OF GEOLOGY  
 Date drilling completed: 6/28/11

**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 #: E98  
 L. S. Elevation: 136'  
 E-log #: E-0098

*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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Tom Gary, Jr.</u>          Mailing Address: <u>1005 River Birch CV</u>  <u>Greenwood MS 38930</u>  <u>601-453-6100</u>          City State Zip Code          Telephone No. <u>(662) 992-8100</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 39' 00"</u> Longitude: <u>90 12' 57"</u>          Method of Lat/Long (circle one): Conventional Survey.          USGS quad, <del>Hand-held GPS</del> Survey-grade GPS  <u>SE 1/4 SE 1/4 Sec 29 Twn 21N Rng 1E</u>          Distance Direction Nearest Town          Miles of _____  <u>Well ID - Wildwood #1</u></p>
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**Well / Borehole Data**

Date drilling started: 4/20/11 Date drilling completed: 6/28/11 Hole depth: 300' Hole diameter: 5"  
 Location of the source of any surface water used for drilling: Creek next to site  
 Method of casing and volume of Chlorine used in drilling and development: 1 gal Chlorox / 1000 gal H<sub>2</sub>O  
 Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): MOE / Geology  
 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) \_\_\_\_\_  
 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: \_\_\_\_\_  
 Well depth: \_\_\_\_\_ Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat 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 next page*

