State W	ell Report			
, <i>p</i> /	Part 1 – Driller's Log			
Mississippi Departmen	Mississippi Department of Environmental Quality			
	Office of Land and Water Resources			
Diller. MS. OFFICE OF GEOLOGY	P.O. Box 10631 Jackson, MS 39289-0631			
Date drilling completed: $10-5-07$ (601)	961-5210	L. S. Elevation: 142'		
(601)35	4-6938 (fax)	E-log#: F-0/83		
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	ense holder responsible for to detion of drilling of the well	he work and filed with the or borehole.		
Information on Well Owner		rehole Location		
(Landowner if borehole is not for a water well) Owner Name /ackeff Farms	Latitude: 33° 35', 02'	N Longitude: 90° 26, 57"		
Mailing Address: LF. / Box /86	Method of Lat/Long (circle on	e): Conventional Survey,		
Walning Address. K/ / / / / / / / / / / / / / / / / / /	USGS quad, Hand-held	GPS Survey-grade GPS		
Schlafor, MS 38952	NW 1/4 SW 1/4 Sec 19	Twn ZON Rng ZW		
Schlater, MS 38952 City State Zip Code	Distance Direction Miles	Nearest Town		
Telephone No. (662) 254 - 7322	Milles			
Well / Bore	hole Data			
Date drilling started: 10-1-07 Date drilling completed: 10-5-	07 Hole depth: 300	Hole diameter: 5"		
Location of the source of any surface water used for drilling: Pend - Drill Ste Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotechnical/Geolo	ogical Investigation K Ground	Source Heat Pump		
Seismic Survey Other (describe) If drilling is not related to water well construction		ck		
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture	Other:		
If a flowing well, method of flow regulation: Valve Ot				
Static Water Level:feet above or below (circle one) la	and surface Date measured:			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: Well grouted to a depth offeet Type	of grout (circle one): Neat Ceme	nt 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 Underro	eamed Telescoped Open h	ole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing: feet. <i>If tele</i>	scoped or more than one screen	ı, describe on next page		

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Form: OLWR-SWR-1A

The sketch	helow	only rei	uired for	water wells
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If well telescopes, show depths on sketch.

Ground Level.

<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)	
	Ground Level		
Silty clas	0	20	
Carl & Arave	30	120	
San	120	148	
Sand/ Clan Strenk	(48	165	
Sand	165	200	
Same w/ clan strong	5 Les	210	
(and	210	CO.	<i>28</i> 2
(97 20	22 22 13	300	_
	<u> </u>		

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

Sketch the pr	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) a north arrow.
•	
Landowner N	Name:

I 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

ARCHIE MCKENZIE 0-555

Print Name of Responsible Licensee and License No.

10/29/07

Signature of Licensee