

County: LeFlore CO.
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 10/3/07

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 #: F-184
 L. S. Elevation: _____
 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.

| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Tacketts Farms</u> | Latitude: <u>33° 33' 50"</u> Longitude: <u>90° 25' 38"</u> |
| Mailing Address: <u>RT 1 Box 186</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Schlater MS 38952</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 22 Twn 20N Rng 2W</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>4.5 Miles N of FFA Bena</u> |
| Well / Borehole Data | |
| Date drilling started: <u>10/2</u> Date drilling completed: <u>10/3</u> Hole depth: <u>300'</u> Hole diameter: <u>5"</u> | |
| Location of the source of any surface water used for drilling: <u>pound next to hole</u> | |
| Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal / 1000</u> | |
| Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): <u>Office of Geology</u> | |
| Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump ___ | |
| Seismic Survey ___ Other (describe) _____ | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| 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. <i>If telescoped or more than one screen, describe on next page</i> | |

Form: OLWR-SWR-1A

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