	State Wall Depart	
1-11-0	State Well Report	For Office Use Only:
County: Leflore	Part 1 – Driller's Log Aississippi Department of Environme	
Permit #:	Office of Land and Water Reso	
Driller: MS. OFFICE OF GEOLOGY	P.O. Box 10631	Well #:
the second se	Jackson, MS 39289-0631	L. S. Elevation: 117'
Date drilling completed: 93008	(601)961-5210	
	(601)354-6938 (fax)	E-log #: <u>F-8196</u>
State Law requires that this report Department at the above address w		ponsible for the work and filed with the
Information on Well Ow		Well or Borehole Location
(Landowner if borehole is not for	I atituda: 55	• 33 , 48 " Longitude: 90 • 25 , 53 "
Mailing Address: 230 Jodd	ner Name <u>Skipper</u> Dodd Method of Lat/Long	
Maning Address: 20	USGS qu	ad, Hand-held GPS, Survey-grade GPS
City State	NW 1/4 NE	¹ / ₄ Sec <u>32</u> Twn <u>20N</u> Rng <u>2</u> W
City State	Zip Code Distance	Direction Nearest Town
Telephone No. (662) 589-3484	Miles	s of
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Well	Electric Gamma Ray Density Sonic	
	veyOther (describe) water well construction, skip the remain	nder of this block
Purpose of Well (check one): Home Indu	strial Public Supply Irrigation	Fish Culture Other:
If a flowing well, method of flow regulation:	Valve Other (describe)	
Static Water Level:feet abov		
Method of Measurement (circle one) steel	tape electric tape air line	other:
Well depth: Well grouted to a depth	offeet Type of grout (circle or	ne): Neat Cement Bentonite Mix
Casing length:feet Casing of		
Screen length:feet Screen		
Screen slot size:inches	Setting depth: Fromf	feet tofeet
Type of completion (circle all applicable): C	ravel packed Underreamed Telesco	oped Open hole Natural Development
C	Other (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more t	than one screen, describe on next page

Form: OLWR-SWR-1A

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The sketch below only required for water wells

f well telescopes, show depths on sketch. Ground Level					
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	F-19	6
Description of formations encountered	<u>must be providea</u>	for all
wells and boreholes, unless specifically	exempted by reg	ulations
	x	
Description of Formations Encountered		To (depth)
	Ground Level	
Clay	0	30
Endly Silty clay	30	50
Sand & gravel	S	145
Clay	145	150
Sand	150	240
clay with silt dayers	240	300
		<u> </u>
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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) a north arrow.

Landowner 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 laws.

ARCHIE MCKENZIE 0-555

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Print Name of Responsible Licensee and License No.

Signature of Licensee