

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)

County: Leflore
 Permit #: _____
 Driller: Office of geology
 Date drilling completed: 9/30/08

For Office Use Only:
 Aquifer: _____
 Well #: F-197
 L. S. Elevation: _____
 E-log #: F-0197

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>Noell Barrett</u>	Latitude: <u>33° 30' 39"</u> Longitude: <u>90° 23' 55" W</u>
Mailing Address: <u>County Rd 507</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>ITTA Bena MS 38941</u>	<u>NW 1/4 NW 1/4</u> Sec <u>34</u> Twn <u>20N</u> Rng <u>2 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>ITTA Bena</u>
Telephone No. () _____	
Well / Borehole Data	
Date drilling started: <u>9/29/</u> Date drilling completed: <u>9/30/08</u> Hole depth: <u>300</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>pond by hole</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal Bleach / 1000 water</u>	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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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