

County: Leflore Co.  
 Permit #: \_\_\_\_\_  
 Driller: Office of Geology  
 Date drilling completed: 10/29/08

**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-198  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: F-0198

*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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tackett Farms #6</u>	Latitude: <u>33° 36' 13"</u> Longitude: <u>90° 25' 21"</u>
Mailing Address: <u>23939 Co Rd 523</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>Central</u> 1/4 <u>NE</u> 1/4 Sec <u>17</u> Twn <u>20N</u> Rng <u>2W</u>
Telephone No. <u>(662) 254-7322</u>	Distance Direction Nearest Town <u>15</u> Miles <u>NW</u> of <u>Greenwood</u>

**Well / Borehole Data**

Date drilling started: 10/28 Date drilling completed: 10/29 Hole depth: 300 Hole diameter: 5"

Location of the source of any surface water used for drilling: Pond next to hole

Method of dosing and volume of Chlorine used in drilling and development: 1 gal / 1000 water

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): Office of 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*

Form: OLWR-SWR-1A

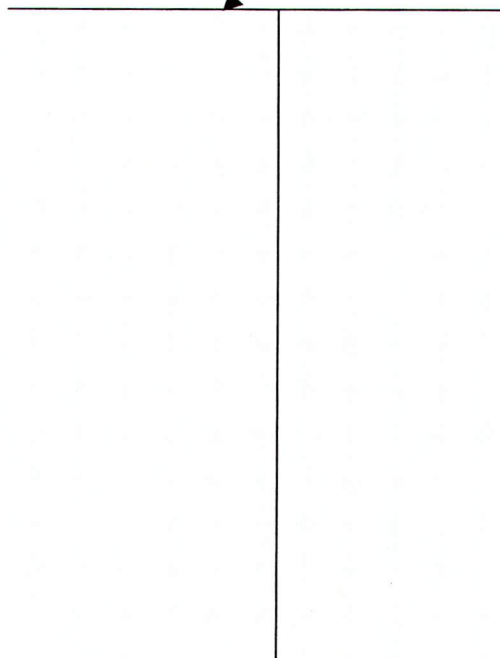
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F-198

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	35
Sand	35	80
Sand + gravel	80	140
Sand	140	186
Clay	186	203
Sand	203	210
Clay	210	220
Sand	220	250
Clay	250	280
Sand	280	297
Clay	297	300

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: \_\_\_\_\_

Form: OLWR-SWR-1A

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.

Cletus W Magee  
 Print Name of Responsible Licensee and License No.

11/12/09  
 Date

Cletus W Magee  
 Signature of Licensee

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