

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: 9/11/08

For Office Use Only:
Aquifer: _____
Well #: J-169
L. S. Elevation: _____
E-log #: J-0169

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>Scott Earnings</u>	Latitude: <u>33° 31' 50" N</u> Longitude: <u>90° 26' 05" W</u>
Mailing Address: <u>4492 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>ITIA Bona MS 39414</u> City State Zip Code	<u>SW 1/4 NW 1/4</u> Sec <u>8</u> Twn <u>19N</u> Rng <u>2W</u>
Telephone No. <u>(662) 254-7849</u>	Distance Direction Nearest Town <u>0</u> Miles <u>NW</u> of <u>ITIA Bona</u>
Well / Borehole Data	
Date drilling started: <u>9/10/08</u> Date drilling completed: <u>9/11/08</u> Hole depth: <u>300</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Pond next to 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 <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) _____	
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. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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