

Part 2 never received 4/13

State Well Report

Part 1

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 #: K-133
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: _____
Driller: Willie L. Bryant
Date drilling completed: 5-31-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>George Saunders</u>	Latitude: <u>33° 29' 65" N</u> Longitude: <u>090° 17' 76" W</u>
Mailing Address: <u>7750 CR 555</u>	Method of Lat/Long (circle one): Conventional Survey, <u>45</u>
<u>Itta Bena MS 38941</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>21</u> ✓ Twn <u>19 N</u> Rng <u>1 W</u>
Telephone No. <u>662 475-0472</u>	Distance <u>1.5</u> Miles Direction <u>East</u> of Nearest Town <u>Itta Bena</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Gardening

Date well drilling started: 5-31-08 Date well drilling completed: 5-31-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 5-31-08

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 90 feet to 110 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: 0 feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Willie L. Bryant 0-639
Print Name of Water Well Contractor and License No.

Willie L. Bryant
Signature of Water Well Contractor

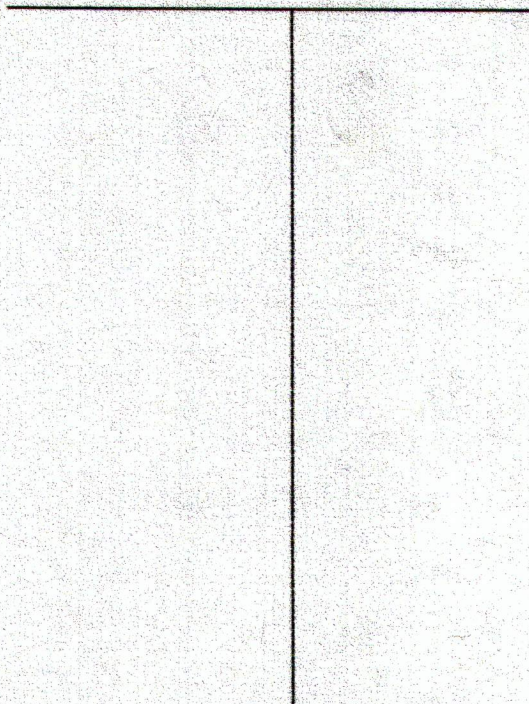
Pump set by:
Irrigation Equipment
Indianola, MS

RECEIVED
JUN 30 2008
BY: OLWR

If well telescopes please sketch below and show depths.

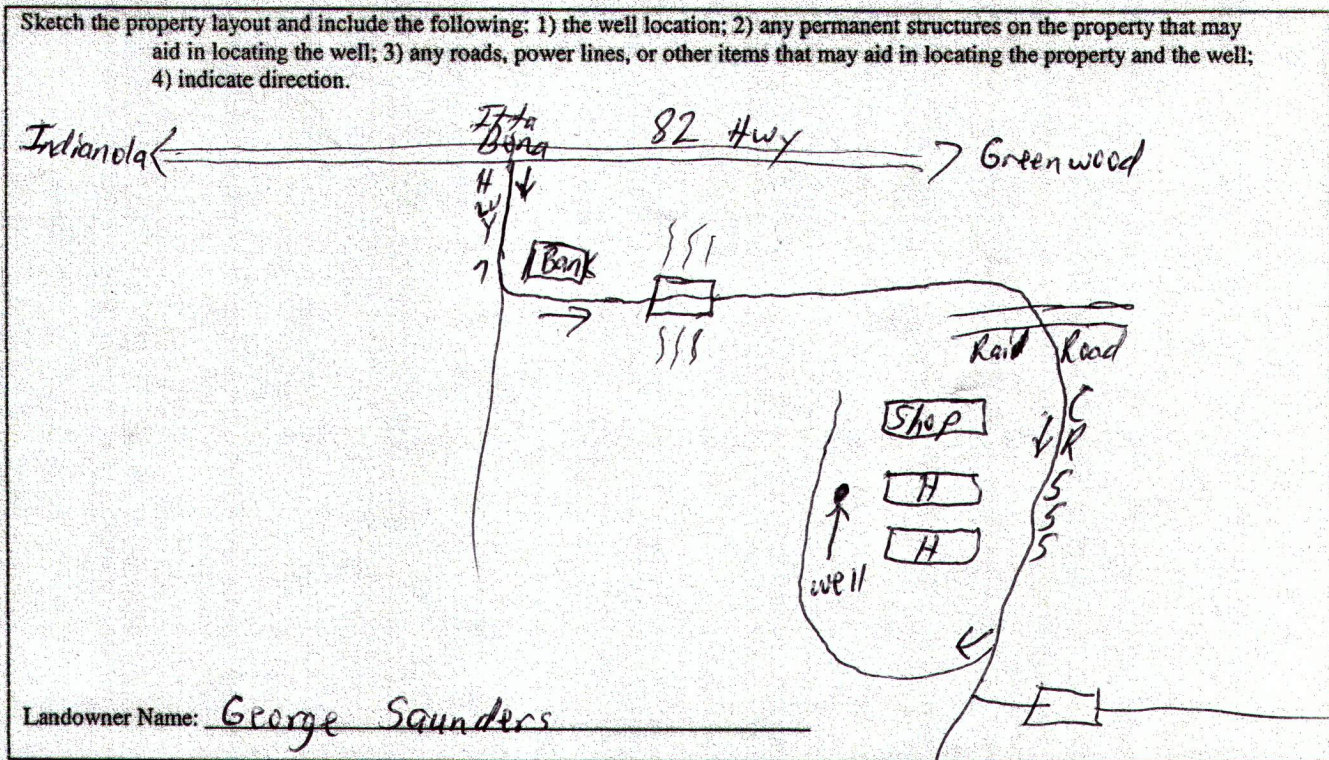
K-133

Ground Level



Description of Formations Encountered	From	To
Clay + Brown sand	0	20
Argill sand	20	40
Med. sand	40	60
Coarse sand + gravel	60	80
Coarse sand + gravel gravel	80	100

If more than one screen, show location of each on sketch



Willie L. Bryant
Signature of Water Well Contractor

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