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TOTAL: SERVICE

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APR-20-08 08:50 FROM: LAND & WATER

601-264-6898

T-644 P.02

F-442

County: Lincoln
 Permit #: _____
 Driller: Fred Danforth
 Date drilling completed: 10-2-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-6210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N-30
 L. S. Elevation: _____
 C-log #: _____

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>Jessie Givens</u>	Latitude: <u>N 31° 30' 33"</u> Longitude: <u>W 90° 20' 04"</u>
Mailing Address: <u>2549 Union Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Brookhaven MS 39601</u>	USGS quad: <u>(hand-held GPS) Survey-grade GPS</u>
City State Zip Code	<u>N 7 Sec 7 T 6 N R 9 E</u>
Telephone No: <u>(601) 932-0400</u>	Distance Direction Nearest Town
<u>Hermetic Bush Services (Contractor)</u>	<u>10 Miles SE of Brookhaven</u>
Well / Borehole Data	
Date drilling started: <u>10-2-08</u> Date drilling completed: <u>10-2-08</u> Hole depth: <u>225'</u> Hole diameter: <u>4 1/4"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ <u>Ground Source Heat Pump</u> _____	
Scientific 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 minimum or more than one screen, describe on next page.</i>	

Form: OLWR-SWR-1A

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