

Part 2 never received 4/13

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Lincoln
 Permit #: _____
 Driller: Fitzgerald Wellface
 Date drilling completed: 3-22-10

For Office Use Only:
 Aquifer: 0 ~~106~~
 Well #: _____
 L. S. Elevation: _____
 E-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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>GARY Shelton</u> Mailing Address: <u>West Lincoln Dr.</u> <u>Bozochto</u> <u>ms</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 24' 14"</u> Longitude: <u>90° 37' 28.9"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> ¼ <u>NW</u> ¼ Sec <u>17</u> Twn <u>SN</u> Rng <u>6E</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 3-22-10 Date drilling completed: 3-22-10 Hole depth: 80' Hole diameter: 8"

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 _____ 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: 43' feet above or below (circle one) land surface Date measured: 3-22-10

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 80' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 70' feet Casing diameter: 4" inches Type of casing: PC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PC
 Screen slot size: .012 inches Setting depth: From 70' feet to 80' 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***

Pump set by customer

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	20
sand	20	40
gravel	40	70
coarse sand	70	80

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: Gary Shelton

Form: OLWR-SWR-1A (04/08)

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.

Brad Fitzgerald 029 3-22-10 Bob Strickland
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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