

County: Lincoln
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 9/27/07

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 #: R-47
 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.

Information on Well Owner	Well or Borehole Location
<i>(Landowner if borehole is not for a water well)</i>	
Owner Name: <u>Martha Sinclair</u>	Latitude: <u>31° 23' 33"</u> Longitude: <u>90° 19' 11"</u>
Mailing Address: <u>1220 Kramer Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Brookhaven MS</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>20</u> Twn <u>5N</u> Rng <u>9E</u>
State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>E</u> of Nearest Town: <u>Roth</u>
Telephone No. <u>(601) -823-6295</u>	
Well / Borehole Data	
Date drilling started: <u>9/25</u> Date drilling completed: <u>9/27</u> Hole depth: <u>330</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Tapisau creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal / 1000 water</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>Office of Geology</u>	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> 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 <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
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 <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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R-47

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)
Sand + gravel	Ground Level	165
green clay	165	330

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.

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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.

Clayton Magee 0-619 9/27/07
Print Name of Responsible Licensee and License No. Date

Clayton Magee
Signature of Licensee