

STATE WELL REPORT

County: Leflore
 Permit #: _____
 Driller: Clardy Drilling
 Date drilling completed: 10/9/19

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: ~~6245~~ 6245
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>David Miller</u>	Latitude: <u>33° 28.821</u> Longitude: <u>W 088° 27.174</u>
Mailing Address: <u>514 Oed Mason Road</u>	<u>33.480350</u> <u>88.452900</u>
<u>Columbus, MS 39701</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(662) 251-6993</u>	<u>SW 1/4 SE 1/4, Sec 30 T 19N R 18E</u>
	<u>1/2 Miles West of Columbus</u>
	(Distance) (Direction) (Nearest Town)

elev 164

Well / Borehole Data
Date drilling started: <u>10/8/19</u> Date drilling completed: <u>10/9/19</u> Hole depth: <u>255</u> Hole diameter: <u>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: <u>2 1/2 # granular</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): <input type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>32</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: _____ (check one)
Method of measurement (check one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>255</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>125</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>195</u> feet to <u>235</u> feet
Type of completion (check all applicable): <input type="checkbox"/> gravel packed <input type="checkbox"/> underreamed <input type="checkbox"/> open hole <input type="checkbox"/> Natural Development
Other (describe): <u>telescoped</u>
Top of lap pipe or reduction in casing: <u>5</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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BY OLWR

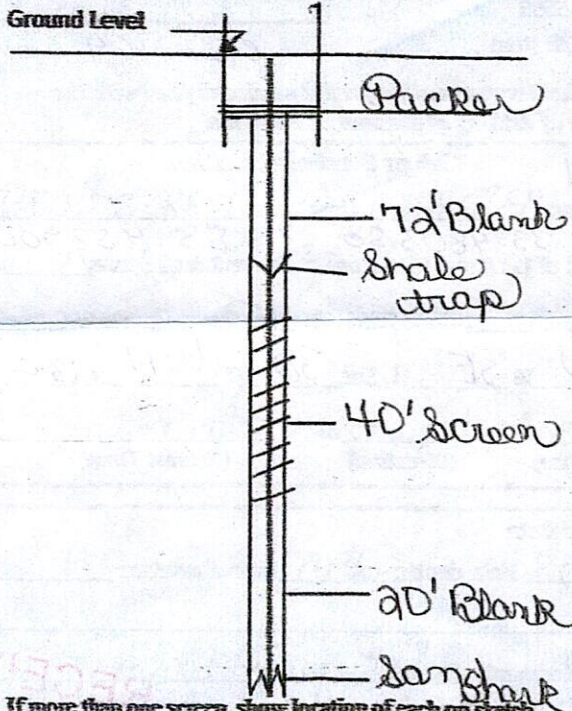
County: Lowndes
 Permit #: _____

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 Well #: ~~6245~~ G245

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

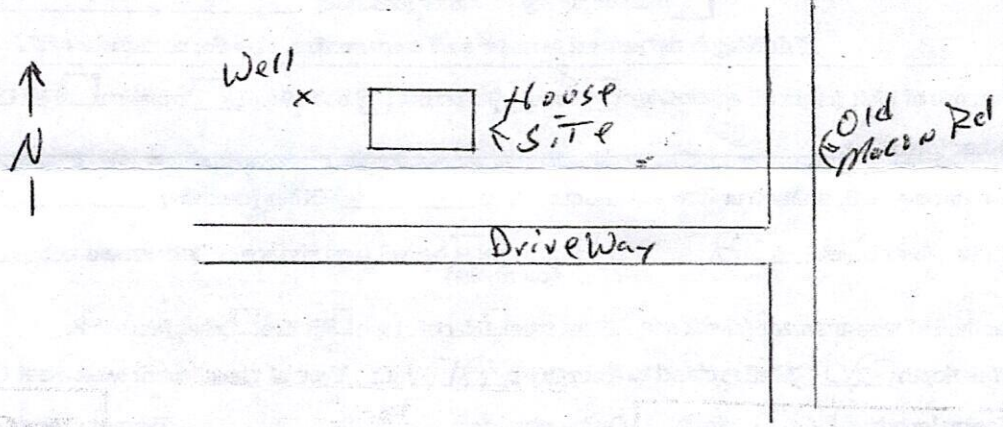


Description of Formations Encountered	From (depth)	To (depth)
Brown sandy clay	Ground level	26
sandy blue clay	26	117
fine clay	117	123 1/2
clay	123 1/2	135
sandy clay	135	156
clay	156	158
sandy clay	158	165
clay	165	212
Rocky sand	212	222
sandy clay	222	227
Rocky sand	227	235
sandy clay	235	255

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) north arrow



Landowner Name: David Miller

I HEREBY 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.

Don Clardy WNR00000496
 Print Name of Responsible Licensee and License No.

Date

David Miller
 Signature of Licensee