

02/28/2008 08:17 6528410251  
APR-20-08 08:58 FROM-LAND & WATER

TOTAL: SERVICE  
801-264-6938

PAGE 07/08  
T-544 P.02 F-442

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Andy Lewis  
 Date drilling completed: 7-20-07

**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:  
 Agency: \_\_\_\_\_  
 Well #: Q-53  
 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.*

<b>Information on Well Owner</b> <i>(Licensee if borehole is not for a water well)</i> Owner Name: <u>David Bush</u> Mailing Address: <u>659 Battiss Ferry Rd.</u> <u>Canton Ms.</u> City State Zip Code Telephone No. (601) <u>940-8888</u>		<b>Well or Borehole Location</b> Latitude: <u>N 32° 36' 16"</u> Longitude: <u>W 092° 53' 35"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey grade: <u>GPS</u> <u>NE 1/4 SE 1/4 Sec. 21 Twp 9N Rng 9E</u> Distance Direction Nearest Town <u>10 Miles East of Canton</u>
--	--	---

**Well / Borehole Data**

Date drilling started: 7-20-07 Date drilling completed: 7-20-07 Hole depth: 225 Hole diameter: 4 1/4

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of casing and volume of Casing 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: \_\_\_\_\_ 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 *If reduced or more than one screen, describe on next page*

02/28/2008 08:17 6628410251

TOTAL: SERVICE

PAGE 08/08

APR-20-06 08:56 FROM-LAND & WATER

801-354-8988

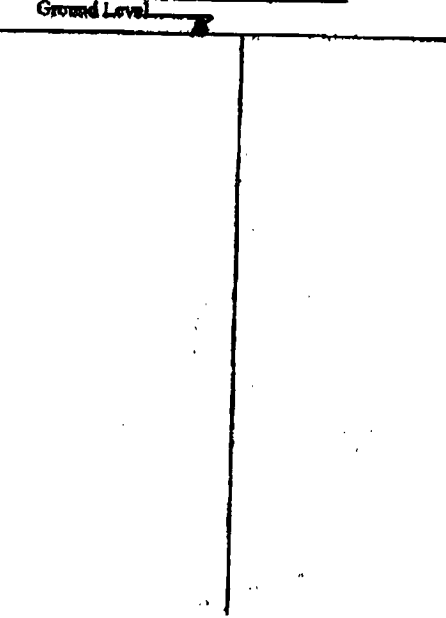
T-844 P.08

F-442

*Q-53*

The sketch below only intended for water yield

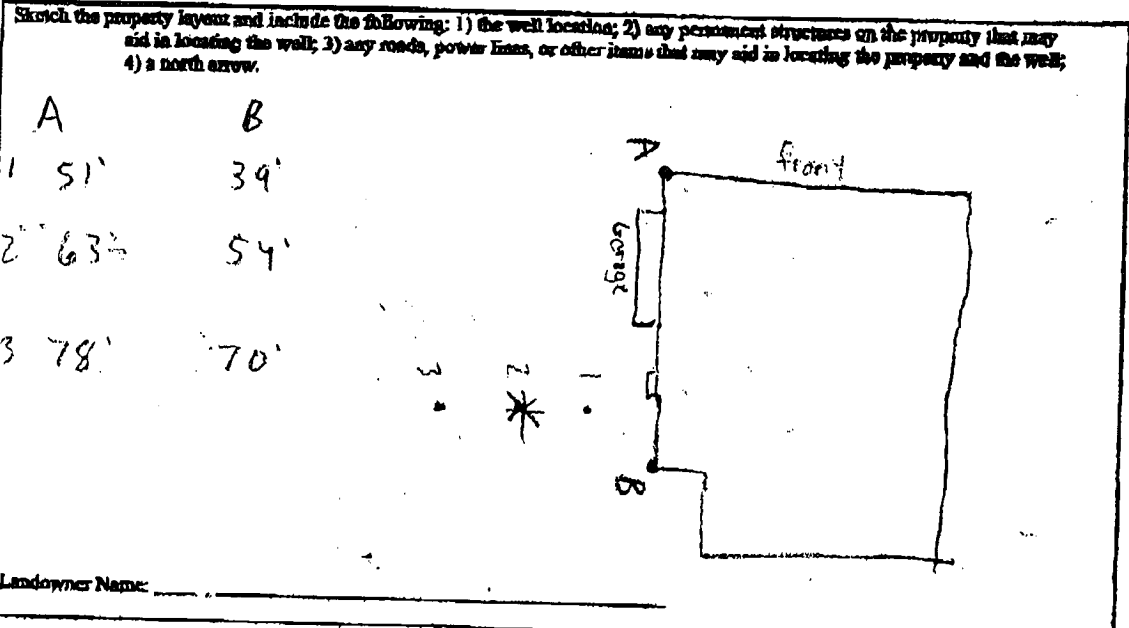
If well screened, show depths on sketch



Description of Formations encountered must be recorded for all wells and boreholes unless specifically exempt by regulations

Description of Formations Encountered	From (depth)	
	Ground Level	To (depth)
Top Clay	0	40
Grey Clay	41	100
Soft Grey Clay + Sand mix	100	275

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



Landowner Name: \_\_\_\_\_

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.

Form: OLWR-BWR-1A

*Fred Dantley* 0-69867 7-28-07  
 Print Name of Responsible Licensee and License No. Date

*Fred Dantley*  
 Signature of Licensee