County: madison
Permit #:
Driller: Greg Taylor
Date drilling completed: DEC 3, 2015

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: V 95
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
(Landowner if borehole is not for a water well)

Owner Name: Matt Hollifield
Mailing Address: 400 Maple Lane
Madison MS 39110
City State Zip Code
Telephone No. (601) 573-0123

Well or Borehole Location 32° 27' 43" 90° 10' 04"
Latitude: N 32°27.732' Longitude: W 090°10.080'
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
SE ¼ SW ¼, Sec 11 T 7N R 1E
20 Miles NW of Ridgeland
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: Oct 14, 2015 Date drilling completed: DEC 3, 2015 Hole depth: 200' Hole diameter: 4"

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 (*circle 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 (*circle all applicable*): Home Industrial Public Supply Irrigation Fish Culture

Other (*describe*):

If a flowing well, method of flow regulation: Valve ____ Other (*describe*)

Static Water Level: ____ feet [above or below] land surface (*circle one*) Date measured:

Method of measurement (*circle one*): Steel tape Electric tape Air line Other (*describe*):

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 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

RECEIVED
DEC 29 2015
BY: OLWR

Form: OLWR-SWR-1A (4/13)

County: madison

Permit #:

For Office Use Only:

Well #: V95

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

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)
RED SAND BLUE CLAY	Ground level	30'
BLUE CLAY	30'	200'
200' T/D		

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

#1 N 32° 27.732' W 090° 10.080'

#2 N 32° 27.733' W 090° 10.082'

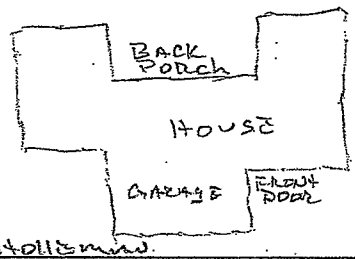
#3 N 32° 27.729' W 090° 10.082'

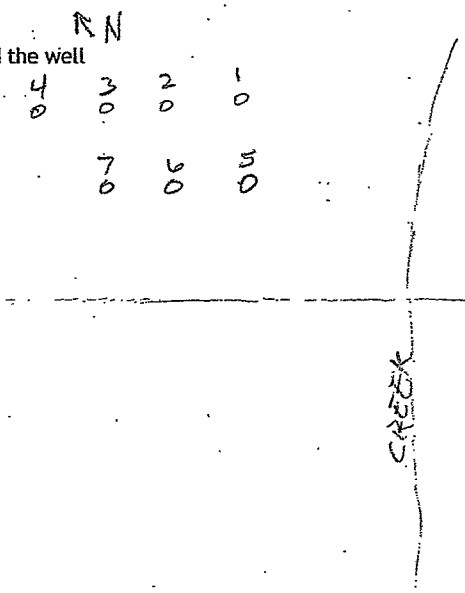
#4 N 32° 27.733' W 090° 10.084'

#5 N 32° 48.940' W 090° 39.911'

#6 N 32° 27.733' W 090° 10.081'

#7 N 32° 27.732' W 090° 10.086





Landowner Name: Matt Hollingsworth

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.

Martin E Herndon 0-455	12-28-15	Martin E Herndon
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

RECEIVED

Form: OLWR-SWR-1B (4/13)

DEC 29 2015

BY: OLWR