

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Darryl DarrFouts  
 Date drilling completed: 1-11-07

**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 #: W-98  
 L.S. Elevation: \_\_\_\_\_  
 B-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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chris Smith</u>	Latitude: <u>32-28-09</u> Longitude: <u>90-04-35</u>
Mailing Address: <u>125 Klans Blvd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Madison M.S. 39110</u>	<u>N.W. 1/4 NE 10 T. 7N R. 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>(601) 291-8629</u>	_____ of _____

**Well / Borehole Data**

Date drilling started: 1-9-07 Date drilling completed: 1-11-07 Hole depth: 225 FT Hole diameter: 4 1/2

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: \_\_\_\_\_ 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 Undersanded 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*

Form: OLWR-SWR-1A

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 2007 FEB 12 10:00 AM  
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

APR-20-06 00:00 FROM-LAND & WATER

801-354-8998

T-544 P.03

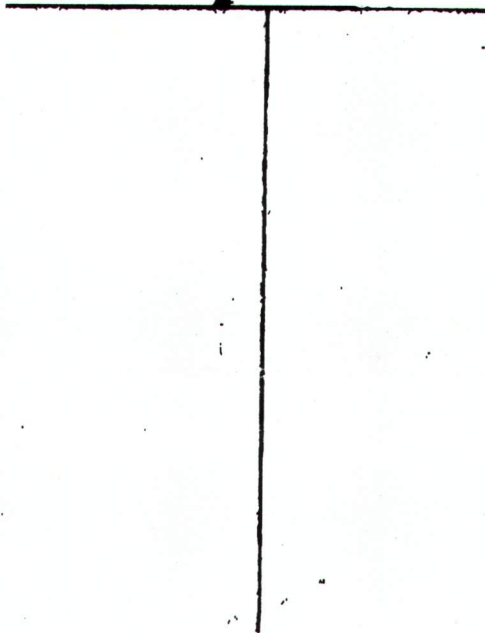
F-442

W-98

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)	
	Ground Level	
Clay	0	225ft

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.

No Dimensions  
to Locate Holes

Landowner Name: Chris Smith

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.

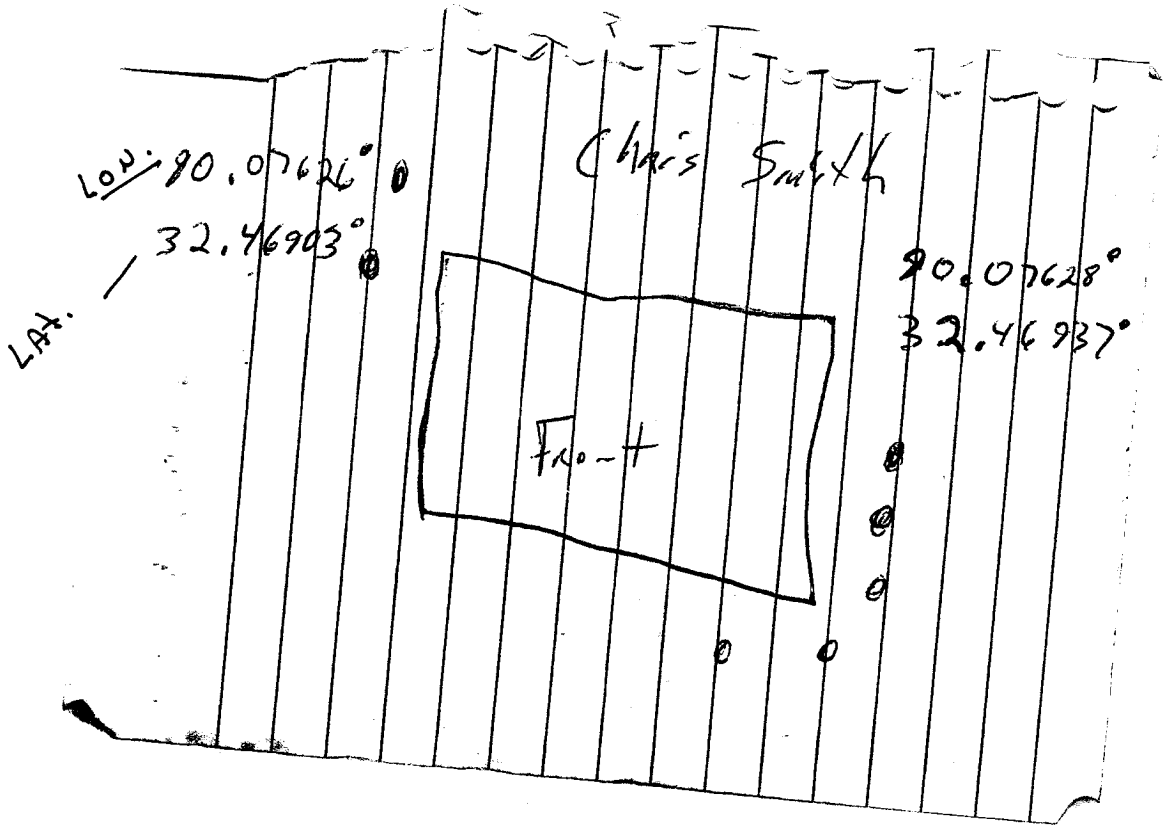
Print Name of Responsible Licensee and License No. Fred Roberts

Date 1-21-07

Signature of Licensee Fred Roberts

Form: OLWR-SWR-1A

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Chris Smith  
 125 Kloas Blvd.  
 Madison M.S.  
 Madison County  
 601 - 291-8628

This is what Darryl brought in from the job  
 we don't know if the #'s will work or not

Brenda

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