

10/01/2008 10:35 6528410251

TOTAL: SERVICE

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APR-20-08 00:50 FROM-LAND & WATER

601-354-6938

T-844 P.02

F-442

County: OKTIBBEHA
 Permit #: _____
 Driller: Fred Danforth
 Date drilling completed: 9-17-08

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 #: G-106
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the licensee 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
(Licensee if borehole is not for a water well)

Owner Name: DAN BROOK
 Mailing Address: 1470 Tidewater Lane
Starkville Ms. 39759
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: N 33° 26' 43" Longitude: W 88° 52' 39"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, (Hand-held GPS) Survey-grade GPS
N 7 W 18 N Sec 7 Twp 18 N Rng 14 E
 Distance Direction Nearest Town
3 Miles NE of Starkville

Well / Borehole Data

Date drilling started: 9-15-08 Date drilling completed: 9-17-08 Hole depth: 200ft Hole diameter: 4 1/4"

Location of the source of any surface water used for drilling: _____
 Method of casing and volume of Chloride 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 Bestonite 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 telescoped or more than one screen, describe on next page)*

Form: OLWR-GWR-1A

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APR-20-08 08:58 FROM-LAND & WATER

801-354-8838

T-844 P.03

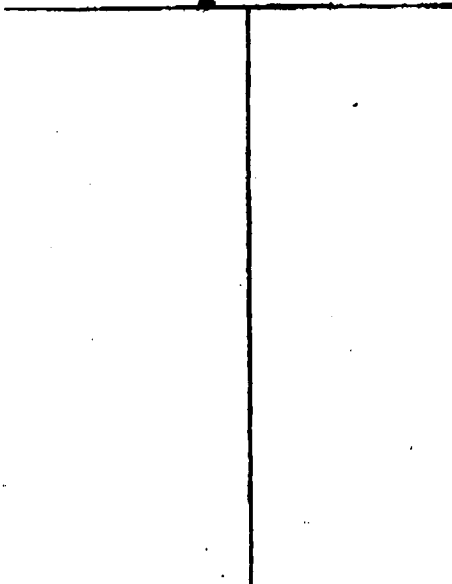
F-442

G-106

The sketch below only required for water wells

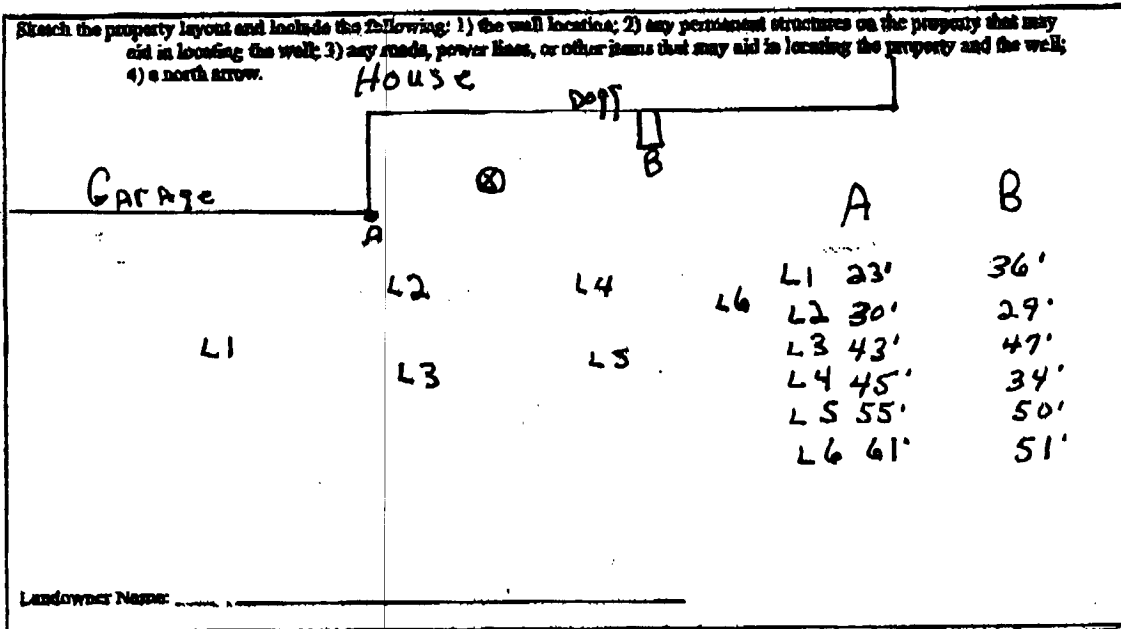
Description of formations encountered must be provided for oil wells and boreholes unless specifically exempt by regulations

If well screens show depths on sketch Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
BLU. CLAY	0 - 50	
PEA GRAVEL	50 - 56	
SANDY CLAY	59 - 72.5	
CLAY	126 - 260	

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



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.

Fred Danforth 0-69861
Print Name of Responsible Licensee and License No.

9-30-08
Date

Fred Danforth
Signature of Licensee

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