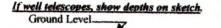
Dort 1	Well Report – Driller's Log	For Office Use Onl
	ment of Environmental Quality	Aquifer:
	nd and Water Resources	Weil #: HM
Driller RUICIDOULI VOUL ACTUCA	O. Box 10631 n, MS 39289-0631	• 4 •
Date drilling completed: 10-4-06	601)961-5210	L. S. Elevation:
(601)354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the		
Department at the above address within 30 days of contract of the second	and the second	or borehole. rehole Location
(Landowner if borehole is not for a water well)		
Owner Name Willie Jen Kins	Latitude: <u>31 ° 01 ' 39 "</u> Longitude: <u>90 ° 15 2</u>	
Mailing Address: Harold AlFord Rd.	Method of Lat/Long (circle on	e): Conventional Survey,
maning ruless. I work to right or Corve.	USGS quad, Hand-held	GPS, Survey-grade GPS
- 1 1	NE 1/4 NE 1/4 Sec 25 Twn IN Rng 961	
Tyle-loun n.S. Chy State Zip Code		
	Distance Direction	of Tylestown
Telephone No. (601)542-3252		/
Well / H	Borehole Data	n, 497 (1967) - Marin II. A Gora ann an Anna All Chaille a' Christian an Anna Chairle ann an Anna Anna Anna Ann
Date drilling started: 10-4-06 Date drilling completed: 10-	4-06: Hole depth: 125	Hole diameter 2"
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma 1	evelopment:	
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/C	evelopment:	Other:
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/C Seismic Survey Other (desc	evelopment:	Other: Source Heat Pump
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well C Geotechnical/C Seismic Survey Other (desc If drilling is not related to water, well constru	evelopment:	Other: Source Heat Pump
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well \checkmark Geotechnical/C Seismic Survey Other (desc If drilling is not related to water_well construe Purpose of Well (check one): Home \checkmark Industrial Public Su	evelopment:	Other: Source Heat Pump pck Other:
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/C Seismic Survey Other (desc If drilling is not related to water_well construe Purpose of Well (check one): Home Industrial Public Su If a flowing well, method of flow regulation: Valve	evelopment: Ray Density Sonic Neutron Geological Investigation Ground <i>ribe)</i> <i>ction, skip the remainder of this blo</i> pply Irrigation Fish Culture Other (describe)	Other: Source Heat Pump ckOther:
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well \checkmark Geotechnical/C Seismic Survey Other (desc If drilling is not related to water_well construe Purpose of Well (check one): Home \checkmark Industrial Public Su	evelopment: Ray Density Sonic Neutron Geological Investigation Ground <i>ribe)</i> <i>ction, skip the remainder of this blo</i> pply Irrigation Fish Culture Other (describe)	Other: Source Heat Pump ckOther:
Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well \checkmark Geotechnical/O Seismic SurveyOther (<i>desc</i> If drilling is not related to water well construe Purpose of Well (check one): Home $_$ Industrial Public Su If a flowing well, method of flow regulation: Valve Static Water Level: \feet above or below (circle on	evelopment:	Other:
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Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/C Seismic Survey Other (desc If drilling is not related to water well construe Purpose of Well (check one): Home Industrial Public Su If a flowing well, method of flow regulation: Valve Static Water Level: feet above or below (circle on Method of Measurement (circle one) for tape electric to Well depth: 125 Well grouted to a depth of _10 feet T	evelopment:	Other: Source Heat Pump Dock Other: 10-4-06 EnD Bentonite Mix PUC PUC
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Method of dosing and volume of Chlorine used in drilling and d Logs run (circle all applicable): No log run Electric Gamma I Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/O Seismic SurveyOther (desc If drilling is not related to water well construe Purpose of Well (check one): Home IndustrialPublic Su If a flowing well, method of flow regulation: Valve Static Water Level:	evelopment:	Other: Source Heat Pump bck Other: l0-4-06 End Bentonite Mix plcc plcc 25^{-}_{feet} hole Natural Developm
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The sketch below only required for water wells



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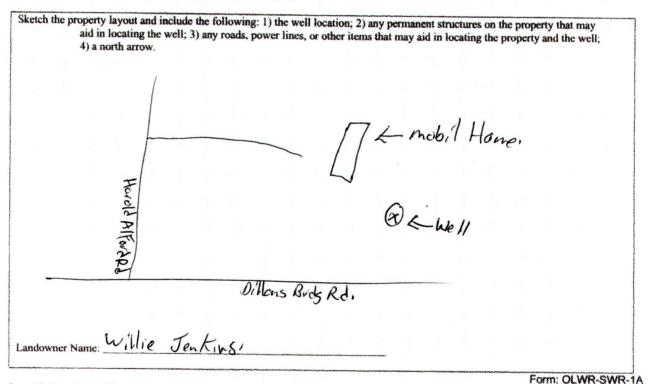
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Cluy	0	20
Sand.	20	YO
Surel.	40	80
Clay	80	90
Sand.	90	110
Couse Sund	110	125
	+	
₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		
		1
		1
		T
		The same in the same of the same

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



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 024. 10-4-06. Flevald Brad

Print Name of Responsible Licensee and License No.

Signature of Licensce

Duch

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