

Job # 7051
 Guitman
 County: Coahoma
 Permit #: 0W41770
 Driller: Pete's Well Drilling
 Drilling completed: 3-13-07

Well Driller Report and Well 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: G 158
 Well #: 288
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information
 Owner Name: Heaton Farms
 Mailing Address: P.O. Box 1513
Bay, MS 38645
 City State Zip Code
 Telephone No. (662) 634-6112

Well Location
 Latitude: 34.12.527 Longitude: 90.555
 Method of Lat/Long (circle one): Hand-held GPS
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 18 Twn 28N Rng 2W
 Distance Direction Nearest Town
3 Miles S of Tomball, MS

Well Data
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 3-13-07 Date well drilling completed: 3-13-07
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 109 feet above or below (circle one) land surface Data measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
 Screen slot size: .032 inches Setting depth: From 60 feet to 100 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 back of page
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state law.
Pete Springston 0430
 Print Name of Water Well Contractor and License No.
 Signature of Water Well Contractor: [Signature]

If well telescopes please sketch below and show depths.

RECEIVED

MAY 22 2007

BY: OI WR

30
31

DATA
DATE

