

County: Rankin
 Permit #: _____
 Driller: Heyle Bliggard
 Date drilling completed: 7-22-08

State Well Report
Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-0210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-48
 L.S. Elevation: _____
 S-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: _____ Mailing Address: <u>60 Grand View</u> <u>Brandon MS 39047</u> City State Zip Code		Latitude: <u>32°24'57.3"</u> Longitude: <u>90°6'18.1"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE x SE 1/4 Sec 19 Twp 7N Rng 3E</u> Distance Direction Nearest Town <u>0.6 Miles NE of BARNESVILLE, MS</u>	
Telephone No. <u>(601)624-8463</u> Contractor <u>Keith Key - Hercules Pump</u>		Well/Borehole Data Date drilling started: <u>7-14</u> Date drilling completed: <u>7-22</u> Hole depth: <u>250 FT</u> Hole diameter: <u>4 3/4</u> Location of the source of any surface water used for drilling: _____ Method of casing and volume of Casing 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 _____ <u>Ground Source Heat Pump</u> <input checked="" type="checkbox"/> Scientific Survey _____ Other (describe) _____ <i>If drilled to not collect or water well construction, skip the remainder of this block</i>	
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 _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____ Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A

This Job was drilled by 2 drillers due to Contractor slow
 Last 4 holes finished by Joey

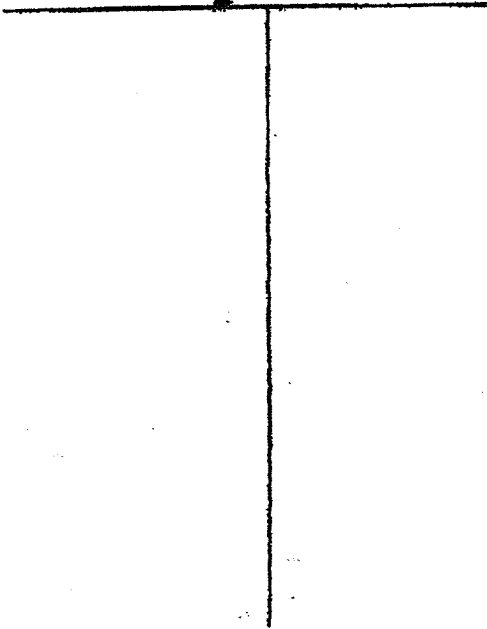
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E-48

The sketch below only required for water wells.

If well televiewer, show depths on sketch.

Ground Level _____

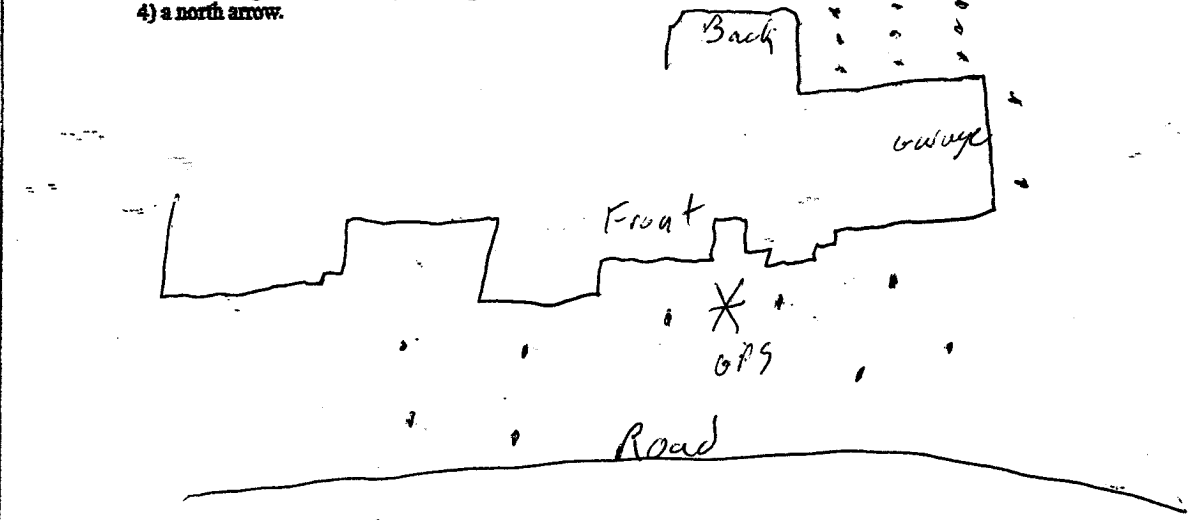


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
<i>Red clay</i>	<i>0-</i>	<i>20 FT</i>
<i>Sand</i>	<i>20 FT</i>	<i>40 FT</i>
<i>Brown clay</i>	<i>40 FT</i>	<i>60 FT</i>
<i>Gray clay</i>	<i>60 FT</i>	<i>250 FT</i>

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.



Landowner Name: _____

Attachment Added

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 0-69867 8-7-08

Fred Danforth

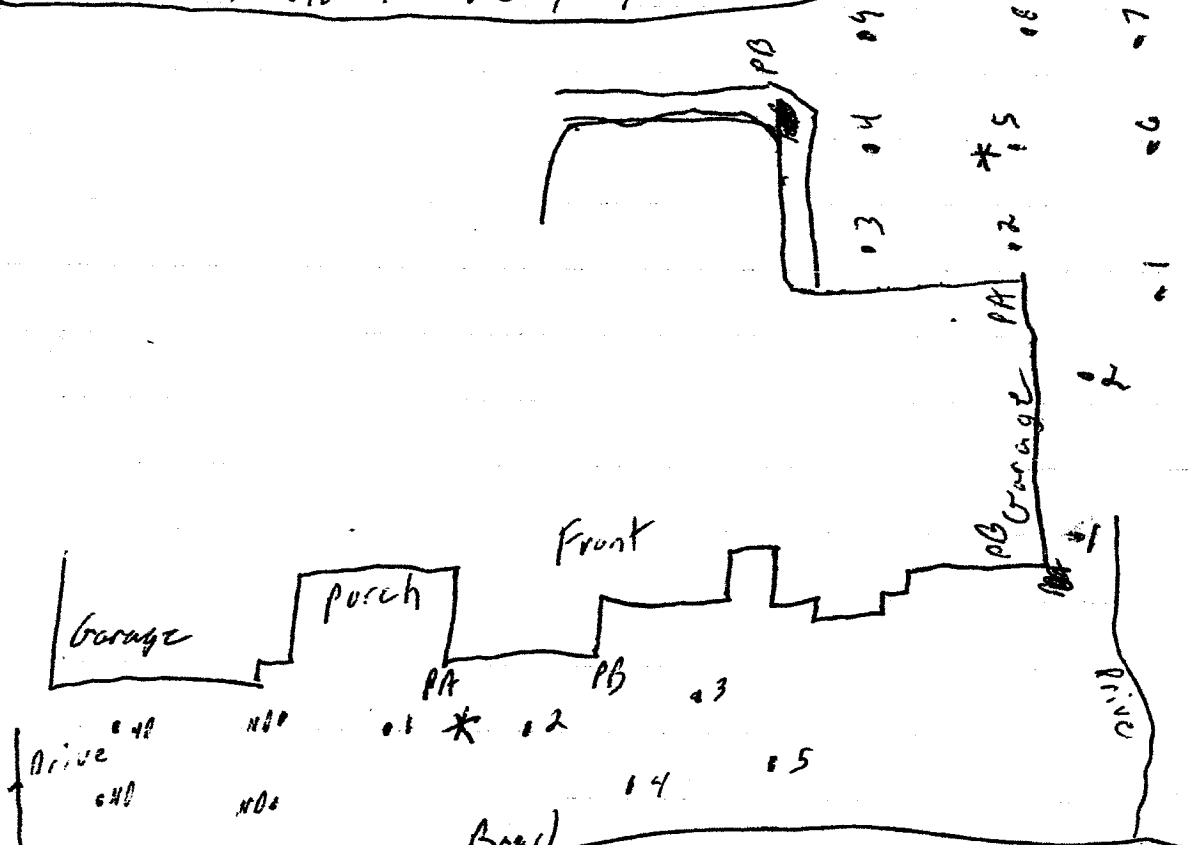
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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Ross Barnett Res

Brandon 20 for Water

C-48



Front	
PA	PB
1 22	1 33
2 12	2 16
3 27	3 16
4 31	4 28
5 46	5 35

Front Garage	
PA	PB
1 31	1 17
2 13	2 29

Back	
PA	PB
1 25	1 65
2 5	2 40
3 20	3 22
4 35	4 15
5 25	5 39
6 25	6 62
7 50	7 68
8 29	8 44
9 43	9 29

Front
GPS
N 32° 24' 57.3"
W 90° 1' 17.0"

Back
GPS
N 32° 24' 58.6"
W 90° 1' 18.1"

Newest town
Barnes Prairie, MS 0.6^{mi} NE
of this location

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