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TOTAL: SERVICE

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

601-854-6830

T-644 P.02

F-442

County: RANKIN
 Permit #: _____
 Driller: Hester Blissart
 Date drilling completed: 2-26-08

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)961-0210
 (601)354-6938 (fax)

For Office Use Only
 Applicant: _____
 Well #: G-71
 L. S. Revision: _____
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Laurence Reese</u> Mailing Address: <u>234 OAKDALE RD.</u> <u>Brandon, MS 39047</u> City State Zip Code Telephone No. <u>601 932-0400</u> <u>Herman's Bush Keith Ray Farm</u>		Well or Borehole Location Latitude: <u>32° 21' 47"</u> Longitude: <u>89° 57' 30"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> URSI quad: <u>(Hand-held GPS) Survey grade GPS</u> <u>NW 56.4 Sec 19 Twa 6N Rng 3E</u> Distance Direction Nearest Town <u>5 Miles South of Brandon</u> <u>North</u>	
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Well / Borehole Data

Date drilling started: 2-24-08 Date drilling completed: 2-26-08 Hole depth: 225 ft Hole diameter: 4 1/2"

Location of the source of any surface water used for drilling: _____
 Method of drilling 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, attach the remainder of this report

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 Unbonded Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet *If telescoped or open hole, describe on next page*

