County: SHARKEY  Permit #: GW - 45713  Driller: J. NEWGME 0 -7  Date drilling completed: 3.19.20	
--	--

## **State Well Report**

Part 1 – **Driller's Log**Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961- 5228 (fax)

For Office Use Only:				
Aquifer:				
Well #: <u>B139</u>				
L. S. Elevation:				
E-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 comp	letion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	22 11 00 00 15 20			
Owner Name JAMES BOYKIN	Latitude: 33 ° 04 , 00" Longitude: 10 ° 45 · 32"			
Mailing Address: 573 CHESTERVILLE ROAD	Method of Lat/Long (circle one): Conventional Survey,			
APARTMENT Z	USGS quad Hand-held GPS Survey-grade GPS			
	SW 1/4 SW 1/4 Sec 07 Twn 14/1 Rng 05W			
Tupelo MS 38801 City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	Distance Direction Nearest Town  3 Miles FAST of DETA CITY			
Well / Borel	hole Data			
Date drilling started: $3.9.13$ Date drilling completed: $3.9.1$	3 Hole depth: 119 Hole diameter: 20"			
Location of the source of any surface water used for drilling: Divide Method of dosing and volume of Chlorine used in drilling and developments.	etl opment: CHUZINE TABLETT			
Logs run (circle all applicable): to log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geolo	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe) If drilling is not related to water well construction	n, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation X Fish CultureOther:			
If a flowing well, method of flow regulation: Valve Or	ther (describe)			
Static Water Level:feet above or below (circle one) la	and 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: Type of casing: P.V.C.				
Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.				
Screen slot size: feet to 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 tele	escoped or more than one screen, describe on next page			

Form: OLWR-SWR-14 (04/08) VED

APR 1 8 2013

BY: OLWR

	The sketch	below	only	required	for	water	wells
--	------------	-------	------	----------	-----	-------	-------

## i ne skeich below only required for water well

If well telescopes, show depths on sketch.
Ground Level

:1	
	77 LF 10" casine
•	40 LF 10" Scener

## <u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAT	10	30
SANO	30	55
MEDIUM FINE	55	65
MEDIUM PINE MEDIUM COARSE COARSE	65	90
COALSE	90	117
Bottom	11.3	119
	<del></del>	<b></b>
***************************************		<b> </b>
	ļ	
		<del>                                     </del>
		ļ
		<del>                                     </del>
	<b> </b>	
	l	

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

	lude the following: 1) the well location; 2) any permanent structures on the property that may ell; 3) any roads, power lines, or other items that may aid in locating the property and the well;
	SEE MAR
	RECEIVED
	RECEIVED  APR 1 8 2013  BY: OLWR
	BA: Oras
Landowner Name:	
	Form: OLWR-SWR-1A (04/0

I certify that the well/borehole was drilled, constructed, and completed in ac	ccordanc	e with all a	pplicable requirements of the
Mississippi Department of Environmental Quality and the Mississippi Depa	rtment o	f Health Ke	gulations, if applicable, and state
laws.		") (	\

Print Name of Responsible Licensee and License No.

11.201

Signature of Licensee

Date