

OCT-18-2006 14:34 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/3

#545

Part 2 never received 4/13

County: Shackelford
 Permit #: 6W41351
 Driller: Shane Partridge
 Date drilling completed: 10-11-06

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)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-159
 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 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: <u>Bill Clinkscale</u>	Latitude: <u>32° 57' 56.8"</u> Longitude: <u>90° 46' 20.5"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rolling Fork MS 39159</u>	USGS quad: <u>Land-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 1 Twa 13 Rng 6W</u>
Telephone No. <u>(662) 907-7183</u>	Distance Direction of <u>3 Miles SE</u> of <u>Delta City</u>

Well / Borehole Data

Date drilling started: 10-11-06 Date drilling completed: 10-11-06 Hole depth: 132 Hole diameter: 27"

Location of the source of any surface water used for drilling: N/A

Method of dosing 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, skip the remainder of this block

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: 24 feet above or below (circle one) land surface Date measured: 10-16-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Steel Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Unstimulated 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 next page*

No part 2 needed.

Form OLWR-SWR-1A

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GW 41351

C-154

The sketch below only required for water wells

If well telescopes, show depths on sketch.

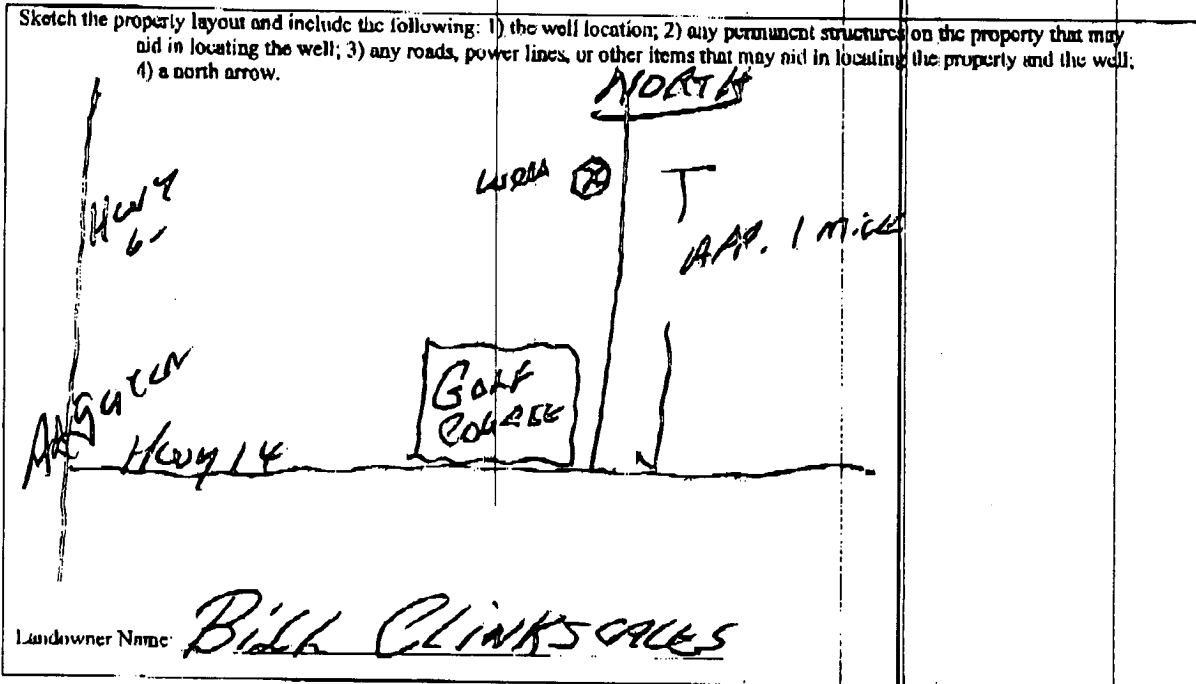
Ground Level

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)
Clay	Ground Level	12
Clay	12	22
Clay	22	32
Fine Sand	32	42
Coarse Sand & Gravel	42	52
Coarse Sand & Gravel	52	62
Coarse Sand & Gravel	62	72
Coarse Sand & Gravel	72	82
Coarse Sand & Gravel	82	92
Coarse Sand & Gravel	92	102
Coarse Sand & Gravel	102	112
Coarse Sand & Gravel	112	122
Coarse Sand & Gravel	122	132

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: BILL CLINKSCALES

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.

Thomas G. Christman 0-703

12/16/06

Thomas G. Christman

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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