

Filed 5-11-09

Part 2 never received 4/13

County: Sharkey
 Permit #: ~~6W43204~~
 Driller: Charles M. Nichols
 Date drilling completed: 4-16-09

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 #: D-92
 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>John Overby</u> Mailing Address: <u>P.O. Box 692</u> <u>Belzoni MS 39038</u> City State Zip Code Telephone No. <u>(662) 247-4249</u>	Latitude: <u>33° 00' 35.31" N</u> Longitude: <u>90° 39' 06.72" W</u> Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>40</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 1 Twn 13N Rng 5W</u> Distance Direction Nearest Town <u>7</u> Miles <u>NW</u> of <u>LOUISE MS.</u>

Well / Borehole Data

Date drilling started: 4-16-09 Date drilling completed: 4-16-09 Hole depth: 117 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 11.4 feet above or below (circle one) land surface Date measured: 4-22-09
 Method of Measurement (circle one) Steel tape electric tape air line other: _____

Well depth: 117. Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: plc
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: plc
 Screen slot size: .035 inches Setting depth: From 77 feet to 117 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 next page*

Form: OLWR-SWR-1A

B+B Well Pump + Plumbing

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BY: OLWR

The sketch below only required for water wells

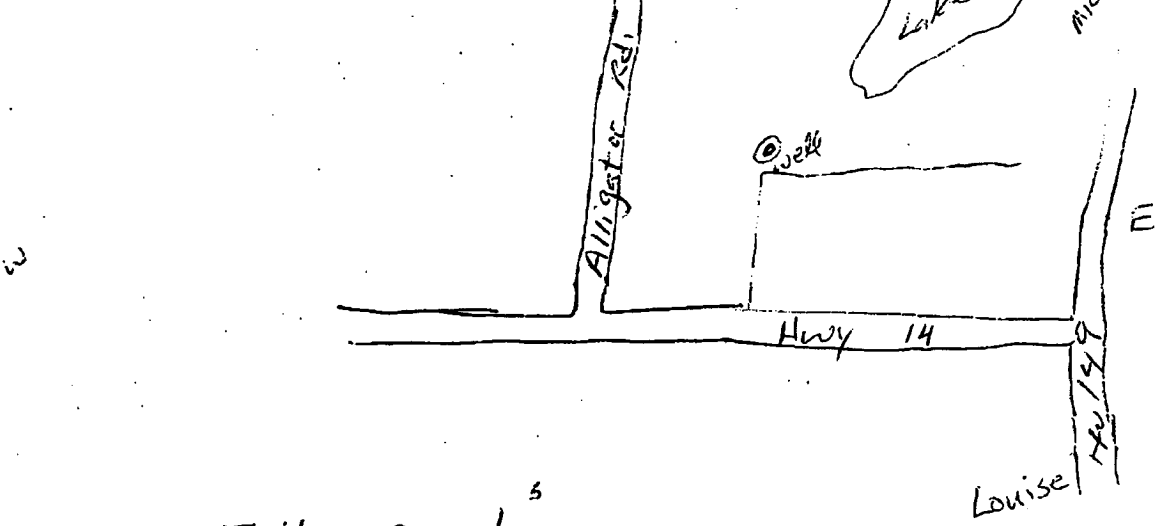
If well telescopes, show depths on sketch
 Ground Level →

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	20
Sandy clay	20	30
med to fine sand	30	40
med to coarse sand	40	80
coarse sand + gravel	80	117

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: John Overby

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.

Charles M. Nichols 0-0667 5-11-09
 Print Name of Responsible Licensee and License No. Date

Charles M. Nichols
 Signature of Licensee

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