

**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: E 72
Well #: _____
L.S. Elevation: _____
E-log #: _____

County: Sharkey
Permit #: GW-43576
Driller: Irrigation Equipment
Date drilling completed: 01/21/2012

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>Mound Plantation LLP</u>	Latitude: <u>32 ° 53 ' 09 "</u> Longitude: <u>90 ° 51 ' 40 "</u>
Mailing Address: <u>6956 Lakewood Blvd</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Dallas</u> Tx <u>75214</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>13</u> Twn <u>12N</u> Rng <u>7W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u> </u> Miles <u>Southeast</u> of <u>Rolling Fork</u>

Well / Borehole Data

Date drilling started: 01/21/2012 Date drilling completed: 01/21/2012 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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: Pivot

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (check one) land surface Date measured: _____

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 feet to 125 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): Drilled wrong location, will be abandoned and redrilled

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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E72

The sketch below only required for water wells

If well telescopes, show depths on sketch

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

Ground level _____

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	25
Fine Sand	26	55
Medium Sand	56	105
Medium Sand & Gravel	106	125

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: Helena Partners

Form: OLWR-SWR-1A (04/08)

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.

Patrick Chism/Irrigation Equipment 0695
Print Name of Responsible Licensee and License No.

02/15/2012
Date

Signature of Licensee

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