

County: Sunflower
 Permit #: _____
 Driller: MS. OFFICE OF GEOLOGY
 Date drilling completed: 4-21-11

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 #: E1A1
 L. S. Elevation: 133'
 E-log #: E-0141

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>	Well or Borehole Location
Owner Name: <u>Eric Schuster #3</u>	Latitude: <u>33° 46' 09"</u> Longitude: <u>90° 35' 40"</u>
Mailing Address: <u>2232 Hwy 1N</u> <u>Greenville MS</u> <u>38703</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>15</u> Twn <u>22N</u> Rng <u>4W</u>
Telephone No.: <u>(662) 455-1745</u>	Distance _____ Miles _____ of _____ Nearest Town _____
	<u>Frm SE corner of sec 15, go W along SL 1000'</u> <u>thence N @ R.A. 5' to loc in sec 15</u>

Well / Borehole Data

Date drilling started: 4-18-11 Date drilling completed: 4-21-11 Hole depth: 280' Hole diameter: 5"

Location of the source of any surface water used for drilling: Creek by site
 Method of dosing and volume of Chlorine used in drilling and development: 1 gal chlorine / 1000 gal water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MDEQ/Geology

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: _____ 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 _____ 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
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