

Part 2 never received 4/13

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)

County: Sunflower
 Permit #: MS-GW-44009
 Driller: Tommy Prock Sr
 Date drilling completed: 11-1-11

For ~~Owner~~ Use Only:
 Aquifer: _____
 Well #: F171
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Thomas J. Mohan</u> Mailing Address: <u>18 Freedom Farm Rd.</u> <u>Drew</u> <u>MS</u> <u>38737</u> City State Zip Code Telephone No. <u>(662) 299-8780</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 47' 36"</u> Longitude: <u>W90° 27' 42"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>22N</u> Rng <u>03W</u> Distance Direction Nearest Town <u>3 1/2</u> Miles <u>East</u> of <u>Drew</u></p>
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Well / Borehole Data

Date drilling started: 11-1-11 Date drilling completed: 11-1-11 Hole depth: 119' Hole diameter: 28"
 Location of the source of any surface water used for drilling: River close to well site
 Method of dosing and volume of Chlorine used in drilling and development: Poured 45 tank is Filled up
 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: 42' feet above or below (circle one) land surface Date measured: 11-1-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 119' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 79' feet Casing diameter: 16" inches Type of casing: PVC
 Screen length: 40' feet Screen diameter: 16" inches Type of screen: PVC
 Screen slot size: .035 inches Setting depth: From 79' feet to 119' 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 (04/08)

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 BY: [Signature]

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level \rightarrow

20'-16" PVC Pipe

20'-16" PVC Pipe

20'-16" PVC Pipe

19'-16" PVC Pipe

20'-16" PVC Screen

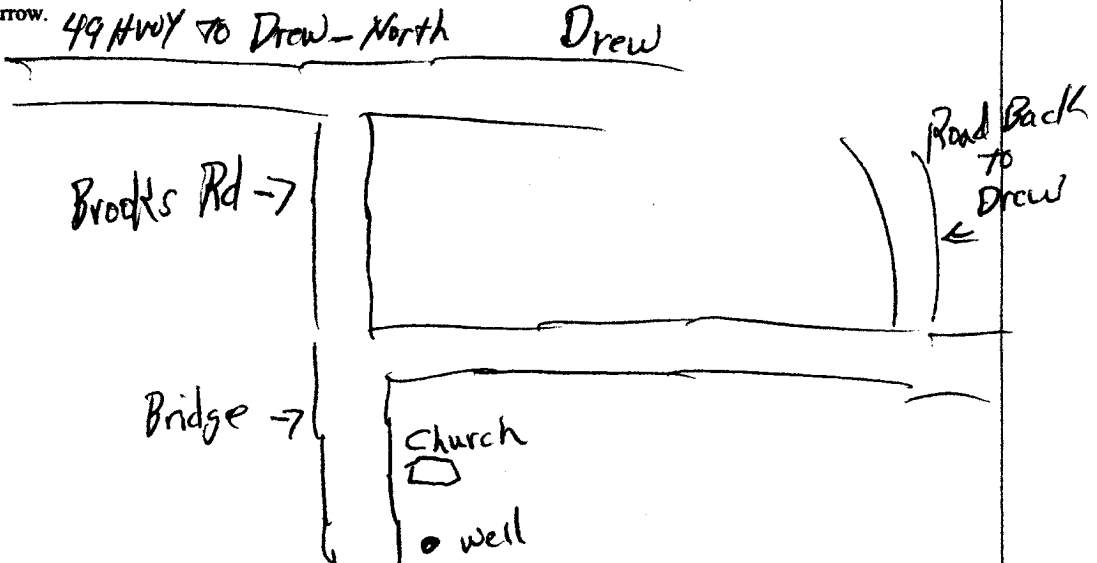
20'-16" PVC Screen

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)
	Ground Level	
Top Soil	0	16
Clay	16	48
Med. Sand	48	69
Coarse sand + gravel	69	119

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: Tommy Mahan

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.

Tommy Peachers UWR-3409 11-17-11

Print Name of Responsible Licensee and License No. Date

Signature of Licensee