

County: Sunflower
 Permit #: _____
 Driller: _____
 Date drilling completed: 4/17/07

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: 197
 Well #: L-200
 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>Rex Morgan Morgan</u> Mailing Address: <u>11 Woodbine Lane</u> <u>Indianola MS 38751</u> City State Zip Code Telephone No. <u>(662)-887-5764</u>	Latitude: <u>33° 33' 41"</u> Longitude: <u>90° 29' 45"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 34 Twn 20N Rng 3W</u> Distance: <u>2.25</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Sunflower</u>
Well / Borehole Data	
Date drilling started: <u>4/16/07</u> Date drilling completed: <u>4/17/07</u> Hole depth: <u>300'</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Pond Next to Drill Site</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal 1000</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <input type="checkbox"/> <u>Gamma Ray</u> <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>Office of Geology</u>	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> <input checked="" type="checkbox"/> Ground Source Heat Pump _____ Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> 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 <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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