0 11	□ State Well Rep	oort —	
County: Sunflower	Part 1 – Driller's		For Office Use Only:
County.	Mississippi Department of Enviro	0	quifer: 197
Permit #:	Office of Land and Water	Resources	1-000
Driller:	P.O. Box 10631		/ell #:
Date drilling completed: 4/17/07	Jackson, MS 39289-0	D631 L.	S. Elevation:
Date drilling completed:	(601)961-5210 (601)354-6938 (fa	v) E	-log #:
	(001)554-0958 (1a		-10g #:
State Law requires that this rep	ort be prepared by the license holde	r responsible for the	work and filed with the
Department at the above addre	ss within 30 days of completion of a	lrilling of the well or	borehole.
Information on Wel		Well or Boreh	ole Location
(Landowner if borehole is not	Latitude:	33. 33. 4/ "1	ongitude: <u>90 ° 29 ' 45 "</u>
Owner Name_Rex. Moga	I I NO FOOL		· · · · · · · · · · · · · · · · · · ·
Mailing Address: 11 Wood	Method o	f Lat/Long (circle one):	Conventional Survey,
Vialing Address	USC USC	SS quad, Hand-held GP	S. Survey-grade GPS
		NE TH	Twn 20N Rng 3u
Talandola	MS 28751 NW 1/4.	NL 1/4 Sec 39	Twn 201 Rng 30
City S	tate Zip Code Distance	Direction	Nearest Town
	275	Miles \mathcal{NE} of _	Nearest Town 5 vn f/ow cr
Felephone No. (<u>662) - 887 - 5</u>	167		
	Well / Borehole Data		
Date drilling started: 41607 Date	uluston	2001	e 11
Date drilling started: Date	drilling completed: Hole of	lepth: Ho	le diameter:
Location of the source of any surface wa	ter used for drilling:	Next To day	11 5,7
Method of dosing and volume of Chlori	ne used in drilling and development:	Iguel / 1000	
Logs run (circle all applicable): No log 1	un Electric Gamma Ray Density	Sonic Neutron Oth	er.
Name of organization running log(s):	Office of Geol	ogy	
Purpose of borehole (check one): Water	Wall Cootochrisel/Coolesiesl Issue		II D
urpose of borenoie (check one). water	wen Geolechnical/Geological Inves	ligation Ground Sol	irce Heat Pump
	c Survey Other (<i>describe</i>)		REOR
If drilling is not related	ed to water well construction, skip the r	emainder of this block	LCE
Purpose of Well (check one): Home	Industrial Public Supply Irrigation	on Fish Culture	Other: MAY 1
		Long in the	- 16.2
f a flowing well, method of flow regulat	ion: Valve Other (describ	be)	SY: OL
Static Water Level:feet	above or below (circle one) land surface	Date measured:	BY: OLN
Method of Measurement (circle one)	steel tape electric tape air line	e other:	
Well depth: Well grouted to a d	lepth offeet Type of grout (ci	rcle one): Neat Cement	Bentonite Mix
Casing length:feet Cas	ing diameter:inches	Type of casing:	
	een diameter:inches	Type of screen:	
Screen length:feet Sci			
			feet
Screen length:feet Screen slot size:inches	Setting depth: From	feet to	
		feet to felescoped Open hole	
Screen slot size:inches): Gravel packed Underreamed T	elescoped Open hole	Natural Development
Screen slot size:inches		elescoped Open hole	Natural Development
Screen slot size:inches): Gravel packed Underreamed T Other (describe):	elescoped Open hole	e Natural Development

100

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The statch beiew only required for water wells

If well telescopes, show depths on sketch. Ground Level_

5.00

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	37
Sant	37	11D
Sunne + Gravel	110	120
SUNC	130	165
clay	165	175
Sanda	175	190
Clary	190	193
Sung	195	200
Sanc gay	200	220
June Clary	220	350
	6	
*		

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; RECEIVED MAY 16 2007 IY: OLWR 4) a north arrow. 49/ Romine Morgun Rd Pond Lever rond Landowner Name: Form: OLWR-SWR-1A

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. CIETUS Magel Date

Signature of Licensee

Print Name of Responsible Licensee and License No.

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