

County: Tate
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 10-26-07

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: _____
 Well #: E-55
 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>Air and Heat Services</u> | Latitude: <u>34° 40' 29"</u> Longitude: <u>90° 08' 25"</u> |
| Mailing Address: <u>Cooper Law rd</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, _____ |
| <u>1 1/2 drive to left of end</u> | USGS quad, _____ Survey-grade GPS _____ |
| <u>Arkabutla MS</u> | <u>NW 1/4 SE 1/4 Sec 18</u> Twn <u>5S</u> Rng <u>9W</u> |
| City State Zip Code | Distance <u>3</u> Miles Direction <u>SW</u> Nearest Town <u>Arkabutla</u> |
| Telephone No. <u>(662) 838-8088</u> | <u>1 1/2</u> Miles <u>SW</u> of <u>Arkabutla</u> |

Well / Borehole Data

Date drilling started: 10-26-07 Date drilling completed: 10-26-07 Hole depth: 230' Hole diameter: 5"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): NA

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

RECEIVED
 NOV 27 2007
 BY: OLWR

