County: Take.  Permit #: Driller: Joes w. Masa.  Date drilling completed: 2-16-02	State Well Report Part 1 – Driller's Log Mississippi Department of Environmental of Confice of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210	Well #: <u>M - 56</u> L. S. Elevation:		
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)				

Latitude: 34 • 34 • 645" Longitude: 89 • 56 • 561 "

Method of Lat/Long (circle one): Conventional Survey, Owner Name Air and Heat Services. Mailing Address: (outer club USGS quad Hand-held GPS Survey-grade GPS VE 1/2 Sw 1/4 Sec 9 Twn 65 Rng 7W Distance Direction Nearest Town

31/2 Miles Nw of Spring feild Telephone No. (662 838 - 8088 Well / Borehole Data Date drilling started: 7-16-07 Date drilling completed: 7-16-07 Hole depth: 330 Hole diameter: 5" Location of the source of any surface water used for drilling: 

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

M 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 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing:

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## The sketch below only required for water wells

## If well telescopes, show depths on sketch.

Ground Level\_

## 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 dict	Ground Level	
red soud	15	90
ercel.	90	45
white clay	45	60
Blue clay	60	85
while sould	85	900
Rock	300	902
while good,	909	930
	,	

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.
gorage.
The Cospoint of the Cospoint o
<b>S</b> 2
Landowner Name: Acr Neat Services.

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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

Toes w. Meson 0-620 8-11-07 Gero w. Meson Signature of Licensee

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State Well Report				
County: Tate Part 1 -	Driller's Log	For Office Use Only:		
Mississippi Departme	nt of Environmental Quality	Aquifer:		
	and Water Resources	Well #: M-56		
Driller: Jacob William	Box 10631			
Jackson,	MS 39289-0631	L. S. Elevation:		
	)961-5210	E-log #:		
(001)3.	54-6938 (fax)	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	Well or Bor	ehole Location		
(Landowner if borehole is not for a water well)	Taring 34 , 34 , 651,	, Lancing 189 . 56 , 568 "		
Owner Name Air and Heat Service,	Latitude: 3 1 3 C	Latitude: 34 . 34 . 651 " Longitude: 89 . 56 . 568"		
		e): Conventional Survey,		
Mailing Address: County club.				
Lot 15 Bartlett Wood	USGS quad, Hand-held (			
		Twn らす Rng フw		
Senatobia Ms. 38468 City State Zip Code				
City State Zip Code	Distance Direction  3' la Miles Nw o	Nearest Town		
Telephone No. (662838 - 8088	$\frac{3}{i}$ Miles $\frac{1}{i}$	DI SPITAS FEITER		
Well / Box	ehole Data			
Date drilling started: 7-14-07 Date drilling completed: 7-15	va Hole denth: 330	Hole diameter: 5"		
Date driving started. Date driving completed.	Tiole depth.	Tiole diameter		
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):				
	h diliniar r			
Purpose of borehole (check one): Water Well Geotechnical/Geo	ological Investigation Ground	Source Heat Pump		
Saigmia Survey Other (Assaults)				
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 offeet 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: Fromfeet tofeet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				

Top of lap pipe or reduction in casing:

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feet. If telescoped or more than one screen, describe on next page

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