

Part 2 never received

County: Walthall
 Permit #: _____
 Driller: Teme Singleton
 Date drilling completed: 4/22/10

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)

For Office Use Only:
 Aquifer: H 134
 Well #: _____
 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>Jerry Koppenu</u> Mailing Address: <u>3 Alice St</u> <u>Madisonville, LA 70447</u> City State Zip Code Telephone No. <u>(985) 845-3416</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 03' 17"</u> Longitude: <u>90° 13' 39"</u></p> <p>Method of Lat/Long (circle one): <u>Google Earth</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>18</u> Twn <u>1N</u> Rng <u>10E</u></p> <p><u>SE</u> Distance Direction Nearest Town <u>3 1/2</u> Miles <u>West</u> of <u>Lexa</u></p>
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Well / Borehole Data

Date drilling started: 4/21/10 Date drilling completed: 4/22/10 Hole depth: 125' Hole diameter: 4-3/4"

Location of the source of any surface water used for drilling: private well (Singleton's)
 Method of dosing and volume of Chlorine used in drilling and development: 1 gallon bleach per 1000 gallons

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: CAMP

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 8 feet above or below (circle one) land surface Date measured: 4/22/10

Method of Measurement (circle one) steel tape electric tape air line other: CASING extension

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: not PVC

Screen slot size: .010 inches Setting depth: From 115 feet to 125 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)

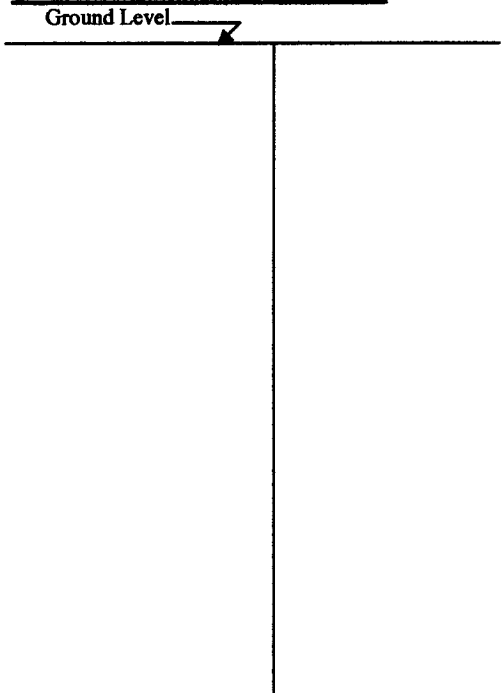
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The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

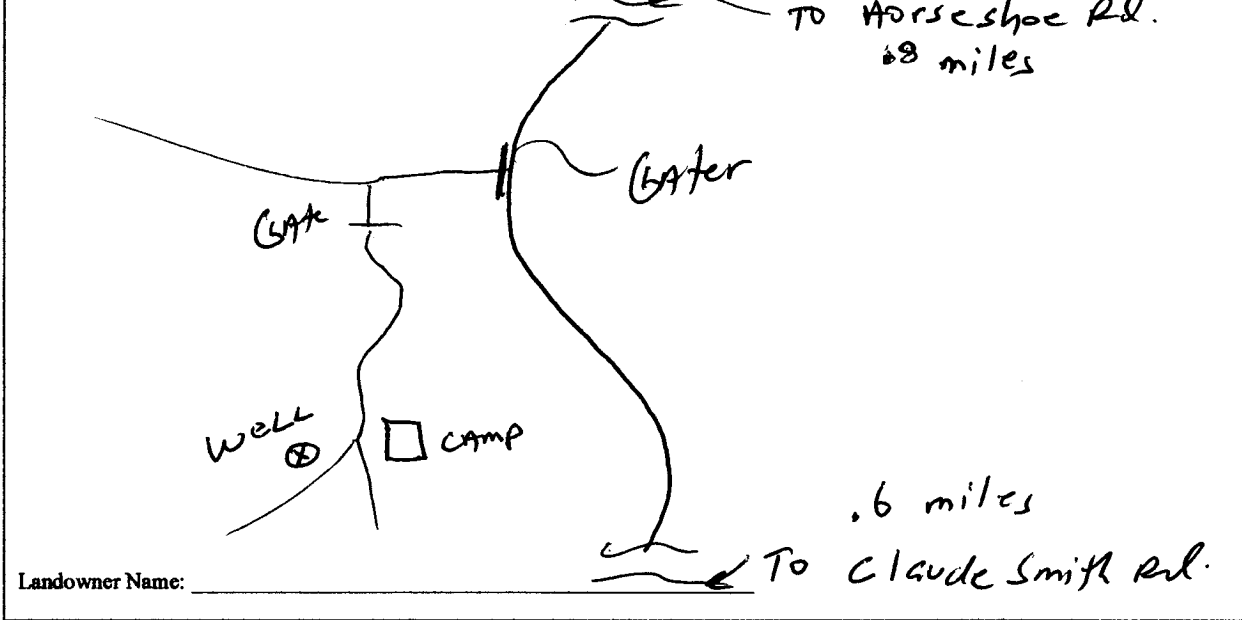
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	8
SAND	8	11
GRAVEL	11	22
SAND	22	28
Yellow Clay	28	36
SAND	36	68
Grey Clay	68	80
Blue Shale	80	104
SAND	104	125

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.



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.

Terre Singleton # D-813 4/30/10
 Print Name of Responsible Licensee and License No. Date

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