

**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)

County: Waltham
Permit #: _____
Driller: Fitzgerald Well Service
Date drilling completed: 1-9-15

For Office Use Only:

Aquifer: _____
Well #: K107
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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Steve Jones</u> Mailing Address: <u>Coppersford Rd.</u> <u>Tylertown, MS</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 1' 0.0"</u> Longitude: <u>90° 0' 21.5"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 29 Twn 1N Rng 12E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
---	--

Well / Borehole Data

Date drilling started: 1-9-15 Date drilling completed: 1-9-15 Hole depth: 260' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____

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

Static Water Level: 10' feet above or below (circle one) land surface Date measured: 1-9-15
Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 260' Well grouted to a depth of 10' feet Type of grout (circle one): neat cement Bentonite Mix
Casing length: 240' feet Casing diameter: 4" inches Type of casing: PCC
Screen length: 20' feet Screen diameter: 4" inches Type of screen: PCC
Screen slot size: 016/012 inches Setting depth: From 240' feet to 260' 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*

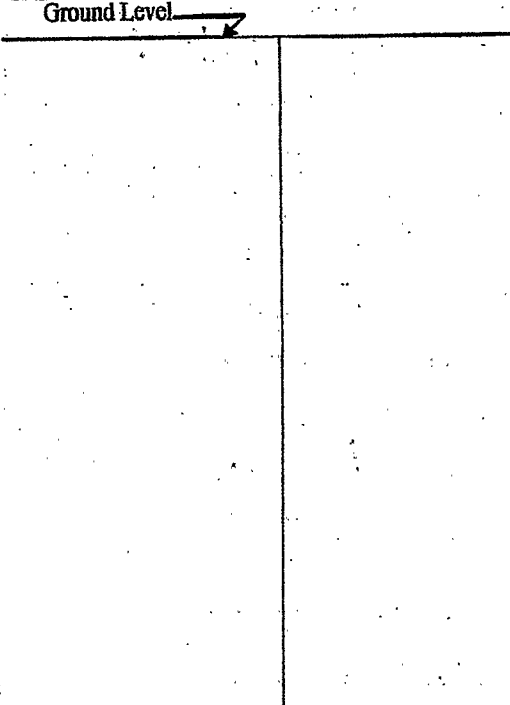
Form: OLWR-SWR-1A (04/08)

No pump feet. Customer going to use Air compressor.

RECEIVED
FEB 11 2015
BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

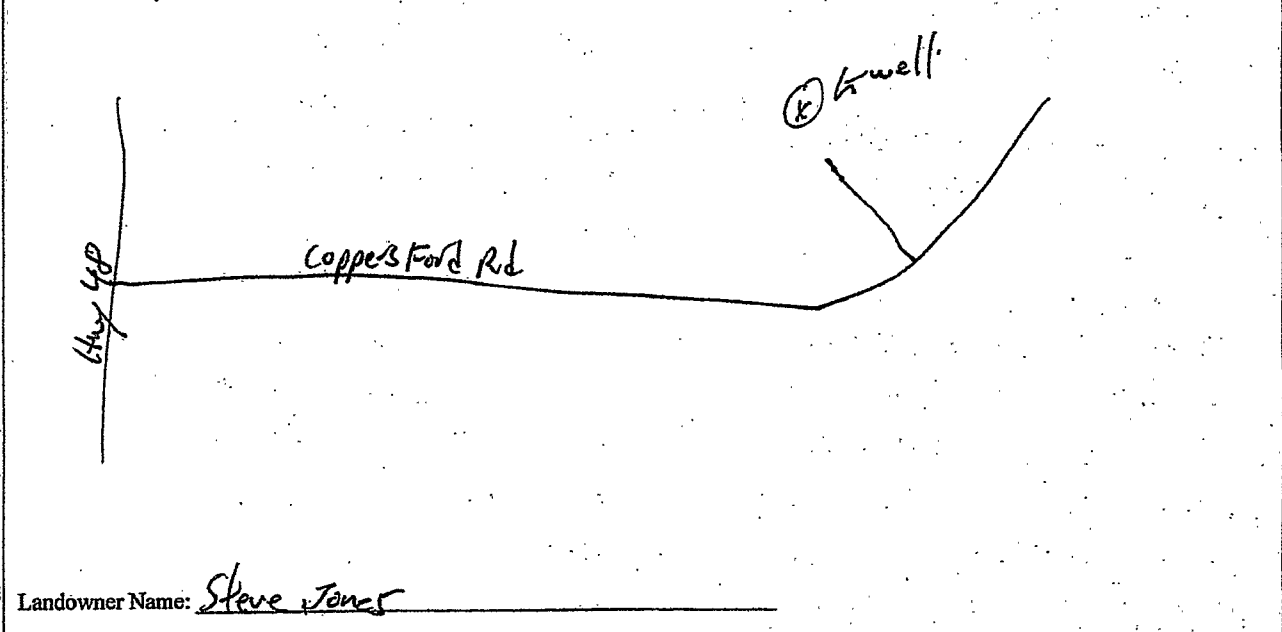


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	40
Clay	40	220
Sand	220	260
Coarse Sand	260	290

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.



Landowner Name: Steve Jones

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.

Brad Fitzgerald 029 1-10-15 Brad Fitzgerald
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

