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OCT 11 2006

BY: OLWR

County: Warren  
 Permit #: \_\_\_\_\_  
 Driller: M.D.E.Q.  
 Date drilling completed: 10/3/06

**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 #: 5-21  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: S-0021

*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>Ronnie Lampkin</u>	Latitude: <u>32° 12' 39" N</u> Longitude: <u>90° 47' 59" W</u>
Mailing Address: <u>1350 Pennsylvania Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Vicksburg MS 39180</u>	USGS quad: _____ Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>IRR sec 3</u> Twn <u>14N</u> Rng <u>4E</u>
Telephone No. ( <u>601</u> ) <u>Vicksburg Sand &amp; Gravel</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Well / Borehole Data	
Date drilling started: <u>10/2/06</u>	Date drilling completed: <u>10/3/06</u> Hole depth: <u>280</u> Hole diameter: <u>5"</u>
Location of the source of any surface water used for drilling: <u>Harmer Bayou</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal. Chlorine per 1000 gal water</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____	
Name of organization running log(s): <u>M. D. E. Q.</u>	
Purpose of borehole (check one): Water Well _____ <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
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. <i>If telescoped or more than one screen, describe on next page</i>	

5-21

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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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)
Sand & gravel	Ground Level	40
clay & rock at 57'	40	60
hard clay	60	130
Sand	130	170
clay & rock at 222	170	240
Rock with clay breaks	240	280

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: \_\_\_\_\_

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.

Joseph Savorgnan      10/1      \_\_\_\_\_  
Print Name of Responsible Licensee and License No.      Date

0-766

\_\_\_\_\_      \_\_\_\_\_  
Signature of Licensee