

MAY-22-2008 13:53 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: Billy Schultz  
 Date drilling completed: 1-2-07

**State Well Report**  
**Part I - 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 #: N-133  
 L.S. Elevation: \_\_\_\_\_  
 B-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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Black Bayou W.A.</u>	Latitude: <u>N33° 10' 57"</u> Longitude: <u>W091° 00' 22"</u>
Mailing Address: <u>5150 Keele St.</u>	Method of Lat/Long (circle one): Conventional Survey, U.S.G.S. quad, Hand-held GPS, Survey-grade GPS
<u>Jackson MS 39206</u> City State Zip Code	<u>1/4 Sec 3 Twn 15N Rng 8W</u>
Telephone No: <u>(601) 982-5144</u>	Distance Direction of Nearest Town _____ Milcs _____ of <u>ARCOLA</u>

**Well / Borehole Data**

Date drilling started: 1-2-07 Date drilling completed: 1-2-07 Hole depth: 600' Hole diameter: 8"

Location of the source of any surface water used for drilling: HAULED IN  
 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): ms. Office of Geology

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) TEST WELL

Static Water Level: N/A feet above or below (circle one) land surface Date measured: 1-2-07

Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: N/A

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): NOT DEVELOPED - TEST HOLE

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

