

Part 2 never received 4/13

### 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)

County: Washington  
 Permit #: GW 43259  
 Driller: Charles M. Nichols  
 Date drilling completed: 11-19-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: S-156  
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Sam Newison</u> Mailing Address: <u>143 BAYOU Rd</u> <u>Greenville Ms 38701</u> City State Zip Code Telephone No. ( ) _____	Latitude: <u>33° 01' 17.8" N</u> Longitude: <u>91° 01' 32.2" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>19</u> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>1R v. 16</u> 1/4 Sec <u>9</u> Twp <u>14 N</u> Rng <u>8 W</u> Distance <u>1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>Glen Allen</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>11-19-08</u> Date drilling completed: <u>11-19-08</u> Hole depth: <u>118</u> Hole diameter: <u>26</u> Location of the source of any surface water used for drilling: <u>Lake Washington</u> Method of dosing and volume of Chlorine used in drilling and development: <u>None</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ 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 _____ <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>12</u> feet above or below (circle one) land surface Date measured: <u>11-19-08</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>118</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite <u>Mix</u> Casing length: <u>78</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>.008</u> inches Setting depth: From <u>78</u> feet to <u>118</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> 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>	

Form: OLWR-SWR-1A

(no pump.)

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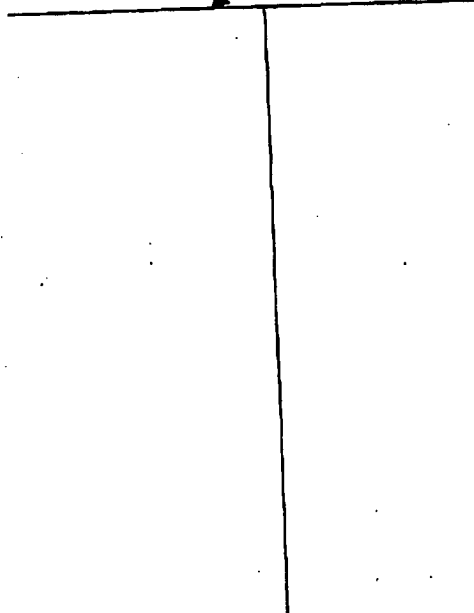
BY: OLWR

5-156

The sketch below only required for water wells

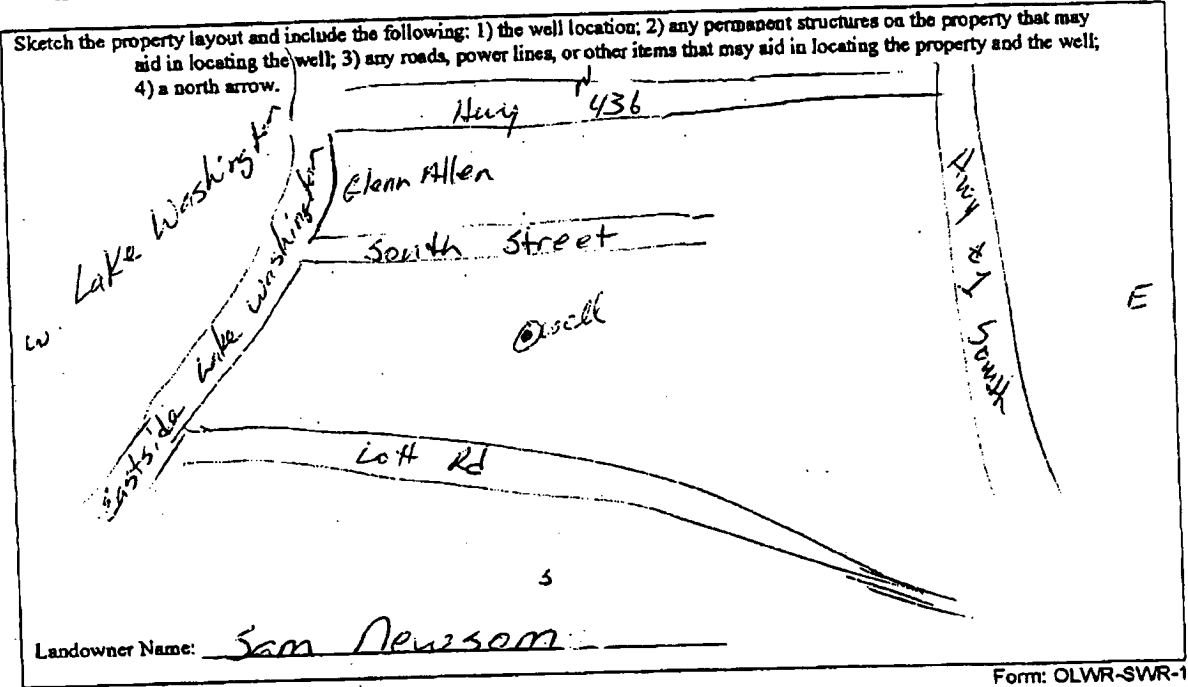
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch  
 Ground Level ———



Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground Level	4
fine sand	4	50
med. sand	50	80
Coarse sand + p-gravel	80	91
clay	96	98
Coarse sand + gravel	99	117
cemented gravel	117	118

If more than one screen, show location of each on sketch



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.

Charles M. Nichols 12-12-08  
 Print Name of Responsible Licensee and License No. Date

Charles M. Nichols  
 Signature of Licensee

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