

STATE WELL REPORT

318

County: Yalobusha
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 9-2-18

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: A58
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Clint Crawford</u>	Latitude: <u>34° 05.43' N</u> Longitude: <u>89° 54.40' W</u>
Mailing Address: <u>9426 Hwy 51 N</u>	<u>34-05-25-74</u> <u>89-54-25-49</u>
<u>Oakland</u> <u>MS</u> <u>38948</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(662) 934-3770</u>	<u>SW 1/4 SW 1/4, Sec 32 21 T26N 4E R1W</u>
	<u>2 1/4</u> Miles <u>N</u> of <u>Oakland MS</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9-2-18 Date drilling completed: 9-2-18 Hole depth: 260' Hole diameter: 7"

Location of the source of any surface water used for drilling: nearby Pond

Method of dosing and volume of Chlorine used in drilling and development: Tablets

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: None

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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): cattle

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

Static Water Level: 82 feet above or below land surface Date measured: 9-3-18

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Rope + weight

Well depth: 260' Well grouted to a depth of: 12 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .008 inches Setting depth: From 240 feet to 260 feet

Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: -0- feet

If telescoped or more than one screen, describe on next page

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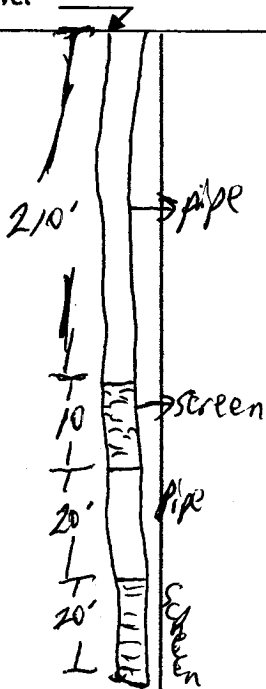
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

Ground Level

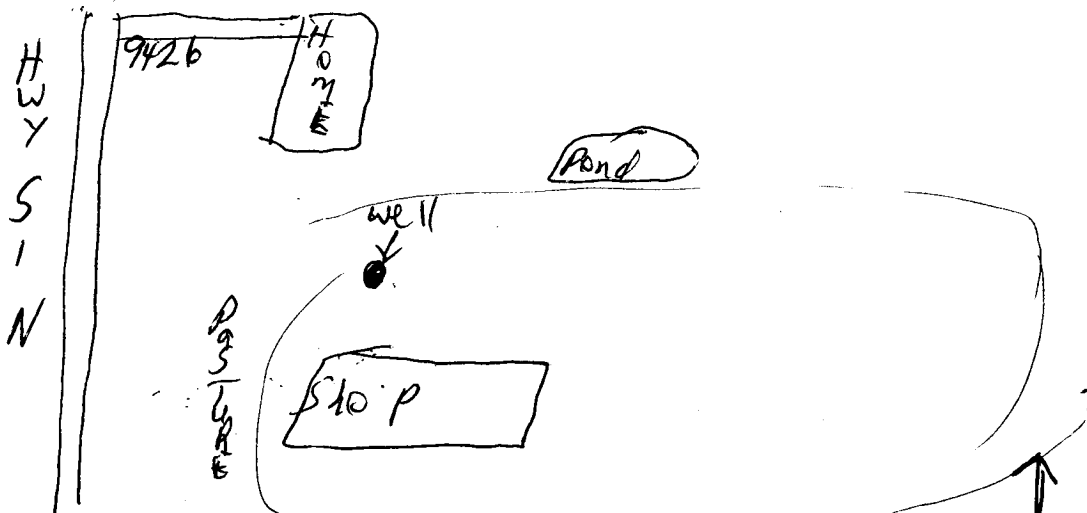


Description of Formations Encountered	From (depth)	To (depth)
Clay + Top soil	Ground level	18
Red gravel + clay	18	50
Reddish white sand	50	80
whitish sand	80	96
hard clay + shale	96	140
gray sand, clay + shale	140	140
hard clay	140	200
med. sand	200	230
med. sand + clay	230	245
white sand	245	260

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) north arrow



Landowner Name: Clay Crawford

I HEREBY 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.

Willie L. Bryant 0-639

9-28-15

Willie L. Bryant

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee