

001-354-0330

T-044 P.02 F-442

County: YAL-Okfuska
 Parish #: _____
 Driller: Marcel Hubbard
 Date drilling completed: 3-30-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10031
 Jackson, MS 39209-0031
 (601)961-5210
 (601)354-0330 (fax)

File Office Use Only
 Agency: EUS
 Well #: _____
 L. & S. Number: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of Environmental Quality within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Licensee or if borehole is not for a water well)</p> <p>Owner Name: <u>Charles Baxx</u> Mailing Address: <u>13301 Hwy 330</u> <u>Coffeyville</u> <u>MS 38922</u> City: _____ State: _____ Zip Code: _____ Telephone No.: <u>662 614-2817</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33-57-267</u> Longitude: <u>89-39-653</u> Method of Lat/Long (circle one): Conventional Survey, URGIS spot, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 4 Twp 24N Rng 6E</u> Distance Direction Name of Town <u>20 Miles W of Bruce</u></p>
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Well / Borehole Data

Date drilling started: 3-25-10 Date drilling completed: 3-30-10 Hole depth: 250 Hole diameter: 4 3/4
 Location of the source of any surface water used for drilling: House - residential water
 Method of casing and volume of cement used in drilling and development: N/A
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running logs: _____
 Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Scientific Survey _____ Other (describe): _____
 If drilling is not related to water well construction, date the completion of this report: _____
 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 log _____ 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 Unfinished Telescoped Open hole Natural Development
 Other (describe): _____
 Top of top pipe or reduction in casing: _____ feet (If grouted or more than one screen, describe on next page)

APR-20-06 00:00

FROM-LAND & WATER

001-024-0000

T-044 P.00

F-442

L 45

The sketch below only sketched the water well.

A well schematic, showing depths on sketch
Ground Level

Clay-sand	0-90
Clay	91-250

Description of formation encountered must be provided for all well and locations unless specifically exempt by regulation

Description of Formation Encountered	From (feet)	To (feet)
Clay sand	0	90
Clay	90	250

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.

see attachment

Licensee Name: _____

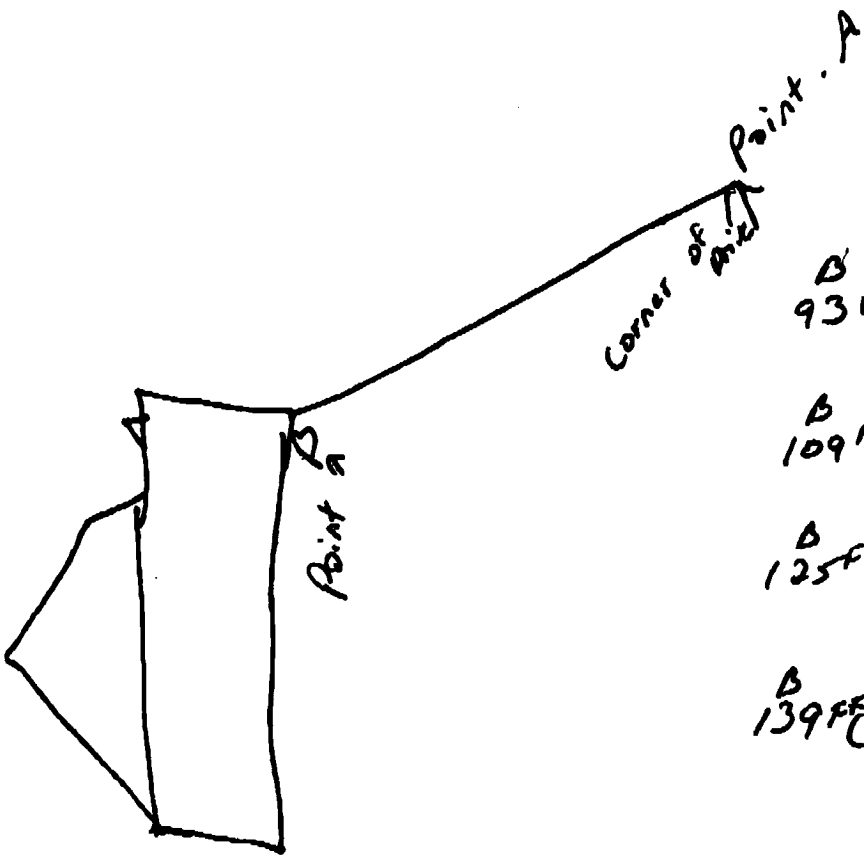
Form OLNR-066-1A

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.

Fred Danforth 0-69867
Print Name of Responsible Licensee and License No.

3/31/10
Date

Fred Danforth
Signature of Licensee



B 93 FT A 53 FT B 101 FT A 58 FT
 B 109 FT A 69 FT D 116 FT A 73 FT
 B 125 FT A 75 FT B 131 FT A 88 FT
 B 139 FT A 92 FT

W 089.039.653
 N. 33.57.867

TOTAL SERVICE CO. PONTOTOC, INC.
 P.O. BOX 818 / 425 HALLMAN TRAIL
 PONTOTOC, MS 38863
 PHONE & FAX 662-841-0251

L4S