

Circle 5

Sartoria well

Part 2 never received 4/13

State Well Report

Part 1

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 #: 1-79
L. S. Elevation: Q72
E-log #: _____

County: YAZOO
Permit #: GL4322C
Driller: J. NEWCOME 0-773
Date drilling completed: 4-16-09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Brett Robinson</u>	Latitude: <u>32° 41' 43"</u> Longitude: <u>090° 32' 27"</u>
Mailing Address: <u>370 Oak Valley Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Yazoo City MS 39194</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec. <u>24</u> Twn <u>10N</u> Rng <u>4W</u>
Telephone No. <u>(662) 571-7392</u>	Distance <u>2.5</u> Miles Direction <u>NW</u> of Nearest Town <u>SARTORIA</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-16-09 Date well drilling completed: 4-16-09

If flowing, 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: _____

Hole depth: 113 Well depth: 113 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 14 inches Type of casing: PVC

Screen length: 33 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 60-85 feet to 105-113 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. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

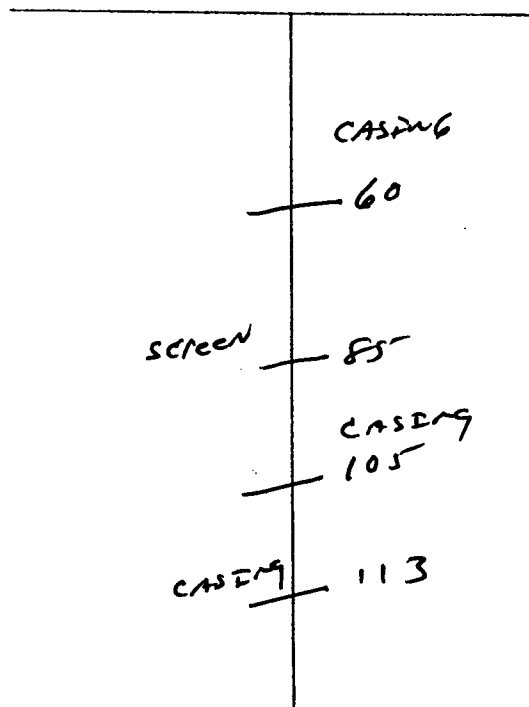
RECEIVED

JUN 01 2009

BY: OLW

If well telescopes please sketch below and show depths.

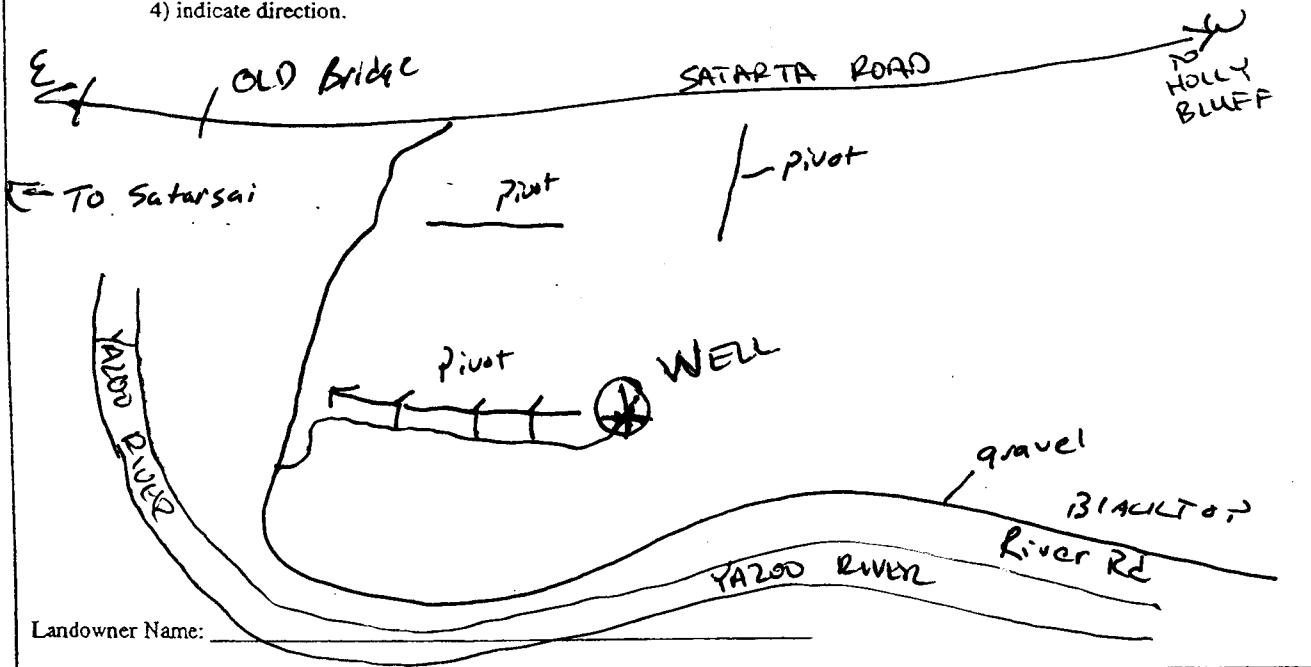
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	38
Fine Sand	38	60
Med. Coarse Sand	60	85
Fine Sand	85	105
Coarse Sand	105	113
Grey CLAY	113	114

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) indicate direction.



John Newane

Signature of Water Well Contractor

1/R