

County: Claiborne
 Permit #: _____
 Driller: MS. OFFICE OF GEOLOGY
 Date drilling completed: 3-2-07

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)

For Office Use Only:
 Aquifer: _____
 Well #: F-68
 L. S. Elevation: 75'
 E-log #: F-0068

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.

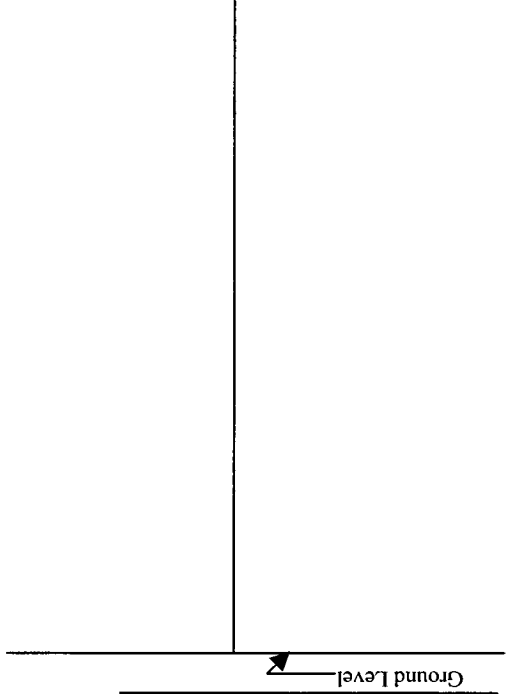
Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Grand Gulf Military Park</u> Mailing Address: <u>12006 Grand Gulf Rd.</u> <u>Fort Gibson, MS 39150</u> City State Zip Code Telephone No. <u>(601) 437-5911</u>	Latitude: <u>32° 01' 49"</u> Longitude: <u>91° 03' 15"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>Err.</u> 1/4 Sec <u>7</u> Twn <u>12N</u> Rng <u>2E</u> Distance _____ Miles _____ Direction _____ Nearest Town _____ <u>1200'SE of NE corner of Err 7 & Thence</u>
Well / Borehole Data <u>100' NW of SE Line</u>	
Date drilling started: <u>2/26/07</u> Date drilling completed: <u>3/2/07</u> Hole depth: <u>420'</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>6in Lake</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal chlorine / 1000 gal.</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> 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 <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
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 <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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 BY: OLWR

F-68

The sketch below only required for water wells.

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	0	20
Sand	20	90
Clay	90	197
Fine sand	197	220
Clay	220	265
Sand	265	357
Clay	357	400
Clay / Clay / Sand	400	420
Clay w/ sand streak	420	420

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.

Landowner Name: _____

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.

ARCHE MCKENZIE 0-555

Print Name of Responsible Licensee and License No.

Date

5/14/07

Signature of Licensee

Archie McKenzie

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