

County: Covington co.  
 Permit #: \_\_\_\_\_  
 Driller: Office of geology  
 Date drilling completed: 6/3/09

**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 #: B0058  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: B-0058

*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                                                                                                                                                                                                    | Well or Borehole Location                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <i>(Landowner if borehole is not for a water well)</i>                                                                                                                                                                       |                                                                                      |
| Owner Name: <u>Plum Creek</u>                                                                                                                                                                                                | Latitude: <u>31° 43' 26"</u> Longitude: <u>89° 35' 41"</u>                           |
| Mailing Address: <u>204 Spring Lake CV</u>                                                                                                                                                                                   | Method of Lat/Long (circle one): Conventional Survey, _____                          |
|                                                                                                                                                                                                                              | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> |
| City: <u>Pearl</u> State: <u>MS</u> Zip Code: <u>39208</u>                                                                                                                                                                   | <u>NW</u> ¼ <u>NE</u> ¼ Sec <u>27</u> Twn <u>9N</u> Rng <u>16W</u>                   |
| Telephone No. <u>(601) 933-9200</u>                                                                                                                                                                                          | Distance: <u>7</u> Miles Direction: <u>NO</u> of Nearest Town: <u>Collins</u>        |
| Well / Borehole Data                                                                                                                                                                                                         |                                                                                      |
| Date drilling started: <u>6/1/09</u> Date drilling completed: <u>6/3/09</u> Hole depth: <u>400</u> Hole diameter: <u>5"</u>                                                                                                  |                                                                                      |
| Location of the source of any surface water used for drilling: <u>Creek near hole</u>                                                                                                                                        |                                                                                      |
| Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal per 1000 water</u>                                                                                                                        |                                                                                      |
| Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <u>Gamma Ray</u> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____         |                                                                                      |
| Name of organization running log(s): <u>Office of geology</u>                                                                                                                                                                |                                                                                      |
| 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 _____ electric tape _____ air line _____ 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 _____ 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 installed

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**JUN 15 2009**  
**BY: OLWR**

