

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: Walker-Hill Environmental, Inc.  
 Date drilling completed: 5/11/07

## 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 #: G-60  
 L. S. Elevation: \_\_\_\_\_  
 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.**

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Colonial Pipeline</u>	Latitude: <u>31 ° 38 ' 48 "</u> Longitude: <u>89 ° 31 ' 05 "</u>
Mailing Address: <u>c/o Randy Smith Colonial Pipeline</u> <u>35 Pumping Station Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Collins</u> MS <u>39428</u> City State Zip Code	NW ¼ SW ¼ Sec <u>21</u> Twn <u>8N</u> Rng <u>15W</u>
Telephone No. ( <u>601</u> ) <u>765-6706</u>	Distance <u>3</u> Miles Direction <u>East</u> of Nearest Town <u>Collins</u>

**Well / Borehole Data**

Date drilling started: 4/3/07 Date drilling completed: 5/11/07 Hole depth: 50 Hole diameter: 12"

Location of the source of any surface water used for drilling: N/A  
 Method of dosing and volume of Chlorine 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 log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well \_\_\_ Geotechnical/Geological Investigation \_\_\_ Ground Source Heat Pump \_\_\_  
 Seismic Survey \_\_\_ Other (describe) Monitoring Well  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_ Industrial \_\_\_ Public Supply \_\_\_ Irrigation \_\_\_ Fish Culture \_\_\_ Other: monitor

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5/11/07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 49 Well grouted to a depth of 25 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 29 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 29 feet to 49 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): stand up cover w/ 3'x 3' concrete pads

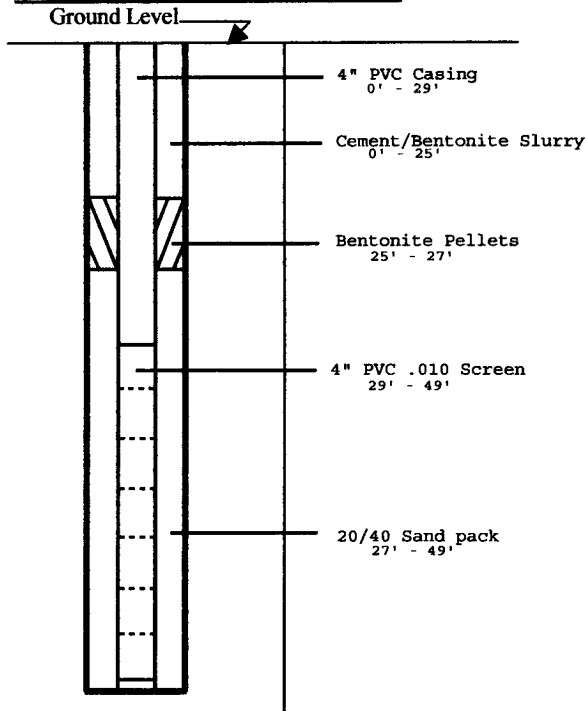
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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 BY: OLWR

G-60

The sketch below only required for water wells

If well telescopes, show depths on sketch.

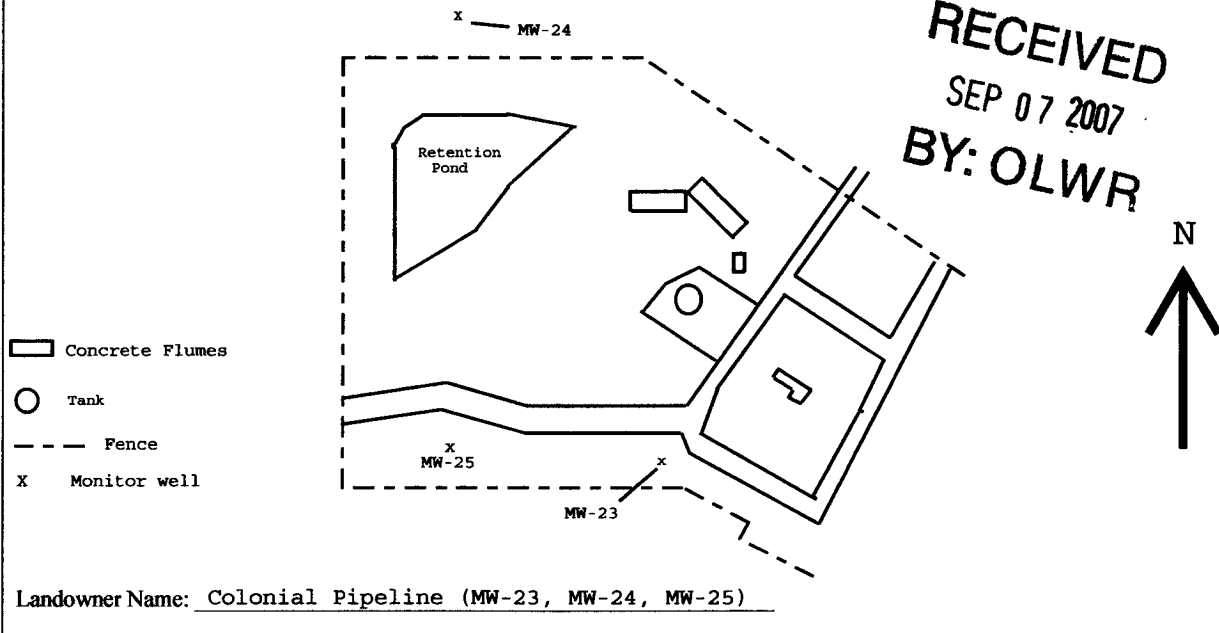


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Silt; red/brown, slight clay	Ground Level	10'
Silt; orange/brown	10'	15'
Sand; buff to lt. orange	15'	25'
Sand; buff, very fine	25'	30'
Clay; yellow to brown	30'	35'
Silt to Sand; fine to very fine	35'	40'
No recovery	40'	50'
Clay; lt. gray, firm to stiff	50'	52'

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.



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.

GARY P. Hill 0-578 9-4-07 [Signature]

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A