

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: E 123
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Desoto
 Permit #: _____
 Driller: Charles M. Nichols
 Date drilling completed: 11-19-10

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 (Landowner if borehole is not for a water well) Owner Name: <u>Desoto County Regional Planning Authority</u> Mailing Address: <u>365 Locke St</u> <u>Suite 310</u> <u>Meriden MS 38632</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>34° 55' 15.18" N</u> Longitude: <u>090° 10' 31.30" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>48</u> 1/4 <u>45</u> 1/4 Sec. <u>8</u> Twn <u>25</u> Rng <u>90</u> Distance Direction Nearest Town <u>3</u> Miles <u>South</u> of <u>Walls</u>	
Well / Borehole Data Date drilling started: <u>11-19-10</u> Date drilling completed: <u>11-19-10</u> Hole depth: <u>85</u> Hole diameter: <u>26</u> Location of the source of any surface water used for drilling: <u>Johnson Creek</u> Method of dosing and volume of Chlorine used in drilling and development: <u>HTH</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) <u>De Watering</u> <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: <u>De Watering</u> 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: <u>85</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>45</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>0.35</u> inches Setting depth: From <u>45</u> feet to <u>85</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> 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>			

S.J. Lewis CONSTR.

(No pump) Form: OLWR-SWR-1A

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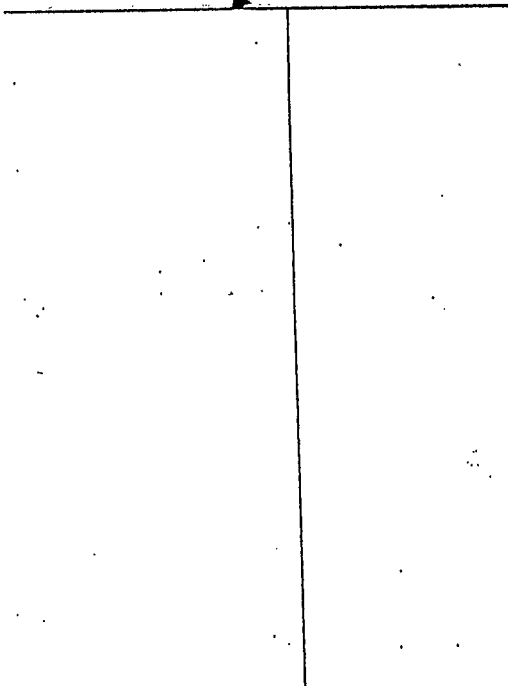
JAN 18 2011

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

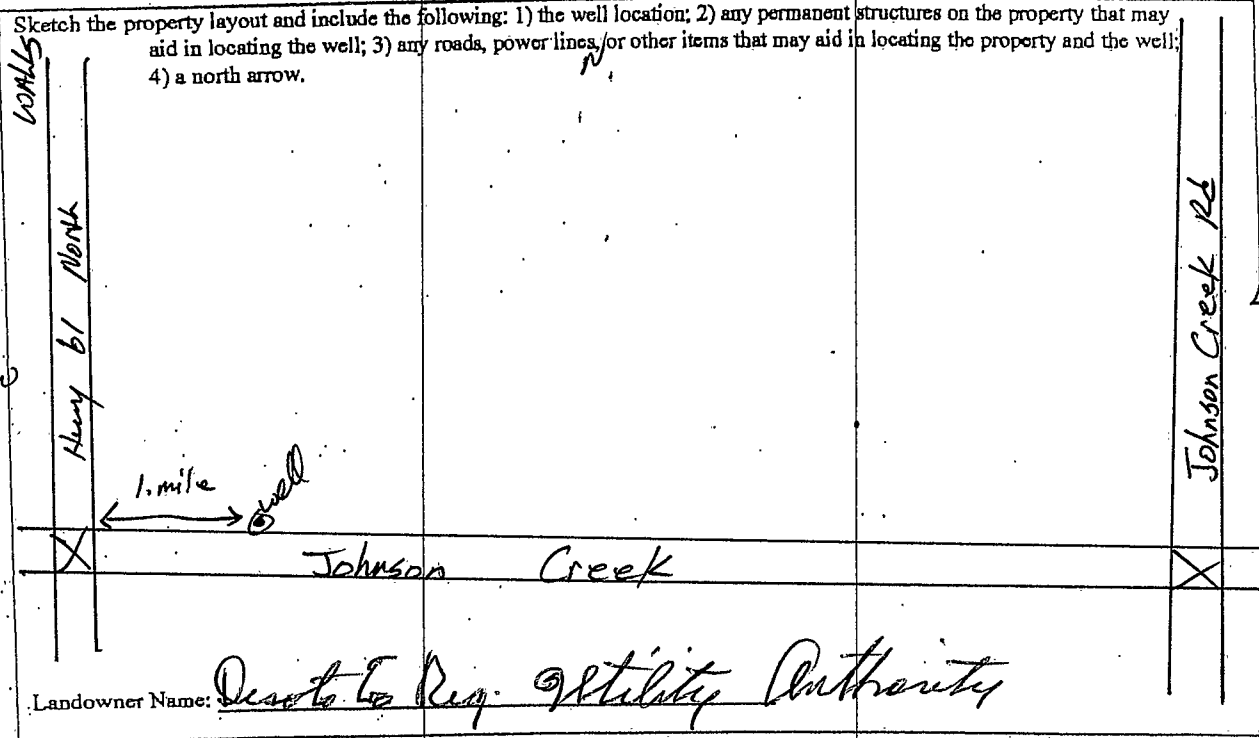
Ground Level \rightarrow



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)
Clay + logs	Ground Level	10
Coarse sand	10	40
Coarse sand + gravel	40	75
Fine sand	75	80
Clay	80	85

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



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.

Charles M. Nichols 040667 12-31-10
 Print Name of Responsible Licensee and License No. Date

Charles M. Nichols
 Signature of Licensee

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