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APR-20-08 08:00 FROM LAND & WATER

TOTAL: SERVICE
601-254-8838

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T-644 P.02 F-442

COUNTY: Rapids Forest
 Parish # _____
 District: John Parish
 Date drilling completed: 7-30-07

State Well Report
 Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10691
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Agency: _____
 Well #: A-91
 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 (Licensee or if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>South MS Electric Power</u> Mailing Address: <u>3492 Hwy 42</u> <u>Lott Town Rd.</u> <u>Hattiesburg MS 39402</u> City State Zip Code		Latitude: <u>31-25-04</u> Longitude: <u>89-25-43</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hind-hold GPS</u> Survey-grade GPS N K Sec <u>8</u> Town <u>SN</u> Range <u>14</u> Distance Direction Nearest Town <u>6</u> miles <u>North</u> of <u>Hattiesburg MS</u>	
Telephone No. () _____			

Well / Borehole Data

Date drilling started: 5-15-07 Date drilling completed: 7-30-07 Hole depth: 230 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: _____
 Method of testing and volume of Chloride used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running logs: _____

Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump X
 Seismic Survey _____ Other (describe) _____
(If drilling is not related to water well construction, state the purpose of this borehole)

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ 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 top pipe or reduction in casing: _____ feet *(If underreamed or more than one screen, describe on well logs)*

Form OLWR-SWR-1A

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