

County: Hinds

Permit #: _____

Driller: Ms. Office Geology

Date drilling completed: 3-11-05

Well Driller Report and Well 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 #: H-209

L. S. Elevation: _____

E-log #: H-0209

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Millsaps College</u>	Latitude: <u>32° 19' 31" N</u> Longitude: <u>90° 10' 57" W</u>
Mailing Address: <u>1701 N. State St</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Jackson</u> <u>MS</u> <u>39210</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE/NE/SW/NE</u> 1/4 Sec <u>34</u> Twn <u>6N</u> Rng <u>1E</u>
Telephone No. (<u>601</u>) <u>974-1000</u>	Distance _____ Direction _____ Nearest Town _____
<p style="text-align: center;">Well Data</p> <p>Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>downhole seismometer / Fully Cased Hole</u></p> <p>Date well drilling started: <u>3-7-05</u> Date well drilling completed: <u>3-11-05</u></p> <p>If flowing, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>N/A</u> feet above or below (circle one) land surface Date measured: _____</p> <p>Method of Measurement (circle one) steel tape electric tape air line other: _____</p> <p>Hole depth: <u>400'</u> Well depth: <u>395'</u> Well grouted to a depth of <u>395'</u> feet</p> <p>Type of grout (circle one): Cement Bentonite <u>Mix</u></p> <p>Casing length: <u>395'</u> feet Casing diameter: <u>2.5</u> inches Type of casing: <u>PVC sch. 40</u></p> <p>Screen length: <u>N/A</u> feet Screen diameter: _____ inches Type of screen: _____</p> <p>Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet</p> <p>Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development</p> <p>Other (describe): <u>cement</u></p> <p>Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page</p> <p>Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: <u>caliper</u></p> <p>Name of organization running log(s): <u>Ms. Geology</u></p> <p>I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.</p>	
<u>Archie McKenzie 0-555</u> Print Name of Water Well Contractor and License No.	<u>[Signature]</u> Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

No pump will be used.

RECEIVED
APR 04 2005
BY: OLWR

