

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: MS. OFFICE OF GEOLOGY  
 Date drilling completed: 9-15-06

**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 #: H-219  
 L. S. Elevation: 333'  
 E-log #: H-0219

*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>Ms Office of Geology</u>	Latitude: <u>32° 19' 53" N</u> Longitude: <u>90° 11' 00" W</u>
Mailing Address: <u>2525 N. West St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Jackson</u> <u>MS</u> <u>39216</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>6N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. <u>(601) 354-6328</u>	
Well / Borehole Data	
Date drilling started: <u>9/12/06</u> Date drilling completed: <u>9/15/06</u> Hole depth: <u>73'</u> Hole diameter: <u>6.5"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well _____ Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump _____ Seismic Survey _____ 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 _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Observation Well</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>68'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-25-06</u>	
Method of Measurement (circle one) <u>steel taps</u> electric tape air line other: _____	
Well depth: <u>70'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>60'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10'</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Slotted PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>60</u> feet to <u>70</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>	

Form: OLWR-SWR-1A

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H-219

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

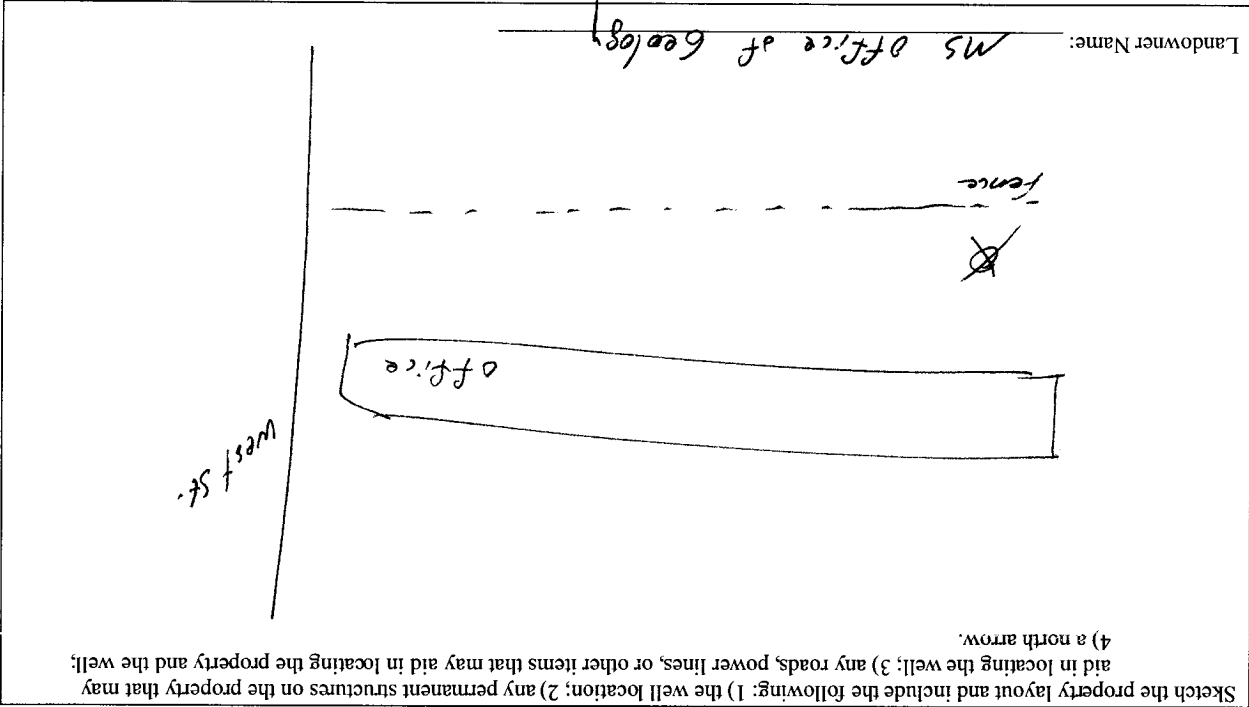


If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
F-11 Dirt	0	4
Clay	4	53
Fine Sand / Mott	53	73

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

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.



Form: OLWR-SWR-1A

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.

ARCHIE MCKENZIE 0-555

Print Name of Responsible Licensee and License No.

Date

9-27-06

Signature of Licensee

*Archie McKenzie*