

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)

County: Hinds
 Permit #: _____
 Driller: MS. OFFICE OF GEOLOGY
 Date drilling completed: 4/12/07

For Office Use Only:

Aquifer: _____
 Well #: H-220
 L. S. Elevation: 358'
 E-log #: H-0220

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 Museum of Natural Science</u>	Latitude: <u>32° 19' 25"</u> Longitude: <u>90° 09' 23"</u>
Mailing Address: <u>2148 Riverside Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Jackson MS 39202</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 36 Twn 6N Rng 1E</u>
Telephone No. <u>(601) 354-7303</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>4/12/07</u> Date drilling completed: <u>4/12/07</u> Hole depth: <u>73'</u> Hole diameter: <u>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 <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): <u>MS Geology</u>	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> 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 lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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