

State Well Report

Part I - 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 #: GW16742
 Driller: Donald Smith Company
 Date drilling completed: 9-8-2010

For Office Use Only:
 Aquifer: N158
 Well #: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>MS Department of Transportation</u> Mailing Address: <u>401 North West Street</u> <u>Jackson MS 39201</u> City State Zip Code Telephone No. <u>(601) 359-7001</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 18' 13N</u> Longitude: <u>90° 11' 05W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 3 Twn 5N Rng 1E</u> Distance Direction Nearest Town _____ Miles _____ of <u>Jackson, MS</u></p>
--	--

Well / Borehole Data

Date drilling started: 7-10 Date drilling completed: 9-10 Hole depth: 750 Hole diameter: _____

Location of the source of any surface water used for drilling: public supply
 Method of dosing and volume of Chlorine used in drilling and development: _____

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

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply Irrigation _____ Fish Culture _____ Other: Observation

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 299 feet above or below (circle one) land surface Date measured: 9-8-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 725 Well grouted to a depth of 640 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 640 feet Casing diameter: 16 inches Type of casing: black steel
 Screen length: 80 feet Screen diameter: 10 inches Type of screen: Stainless wire wrap
 Screen slot size: .20 inches Setting depth: From 645 feet to 725 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: 565 feet. *If telescoped or more than one screen, describe on next page*

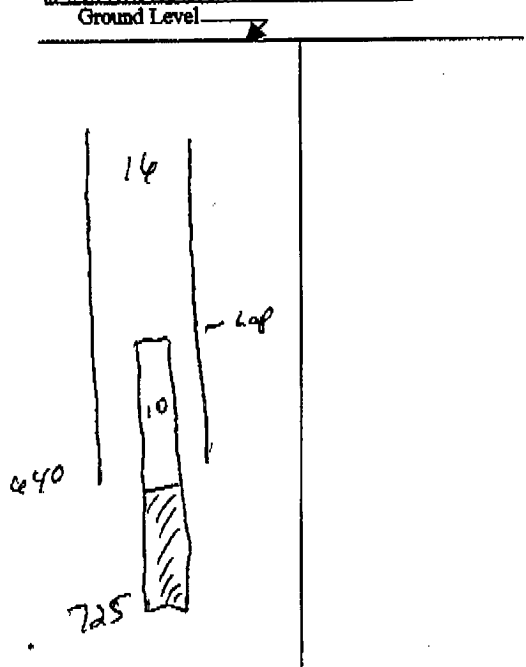
Form: OLWR-SWR-1A

part II work will not be done at this time.

This well will never have a pump installed.
 UP 10/31/12

The sketch below only required for water wells

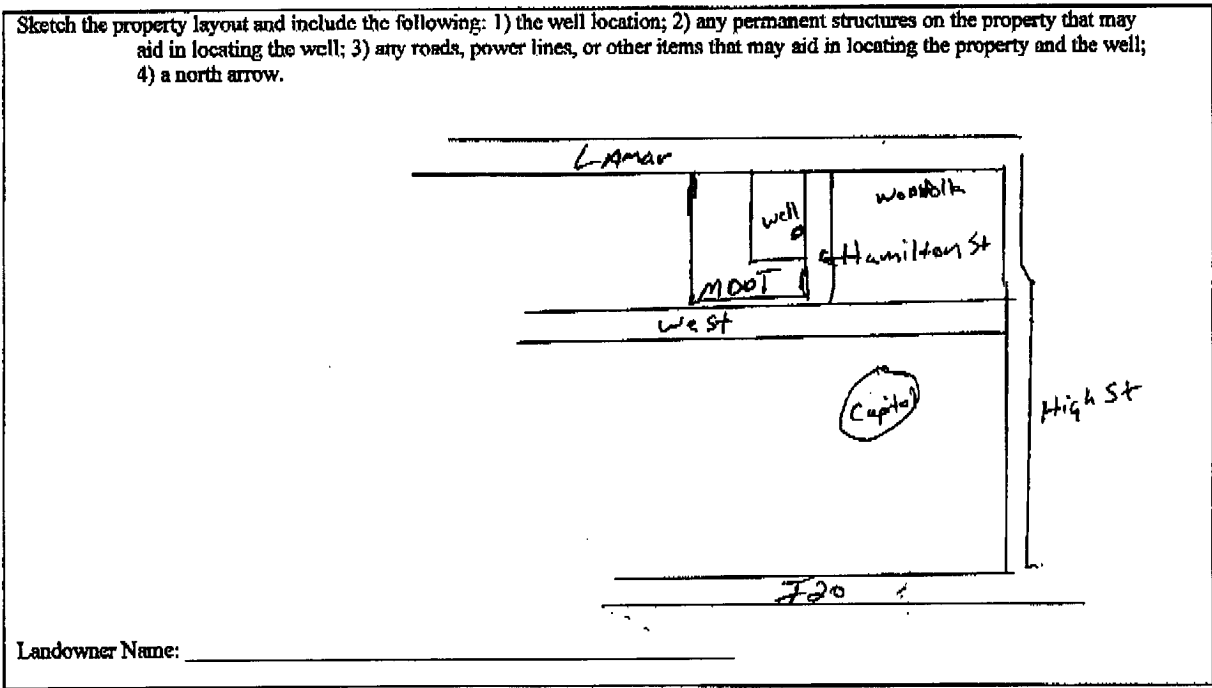
If well telescopes, show depths on sketch.



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

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)
Surface clay	Ground Level	10
clay	10	230
rock streaks	230	285
clay	285	353
rock	353	384
Marl	384	480
sand	480	491
shale	491	495
SAND	495	524
sandy streak clay	524	562
clay	562	591
clay sandy streaks	591	645
sand	645	728
clay	728	750



Landowner Name: _____

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.

Ryan Herndon 0-700 9-15-10
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee