

Jasper  
 County: Heidelberg  
 Permit #: \_\_\_\_\_  
 Driller: Armoie  
 Date drilling completed: \_\_\_\_\_

**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:**  
 Aquifer: \_\_\_\_\_  
 Well #: U50  
 L. S. Elevation: \_\_\_\_\_  
 P-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the licensee 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><b>Information on Well Owner</b>  <i>(Landowner of borehole is not for a water well)</i>          Owner Name: <u>SM EPA Headquarters</u>          Mailing Address: _____  <u>Hattisburg MS</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>31° 52' 29.3"</u> Longitude: <u>89° 1' 09.1"</u>          Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey          USGS quad: <u>Hand-held GPS</u> Survey-grade GPS  <u>NW 1/4 NE 1/4 Sec 5 Twn 10N Rng 10W</u>          Distance Direction Nearest Town  <u>2.0 Miles NE of Heidelberg, MS</u></p>
---	---

**Well / Borehole Data**

Date drilling started: 2-9-09 Date drilling completed: 6-5-09 Hole depth: 270 Hole diameter: 4 1/4

Location of the source of any surface water used for drilling: City Water  
 Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run Resistivity Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): N/A

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: \_\_\_\_\_

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 *(If telescoped or more than one screen, describe on next page)*

APR-20-08 08:58 FROM-LAND & WATER

601-954-8998

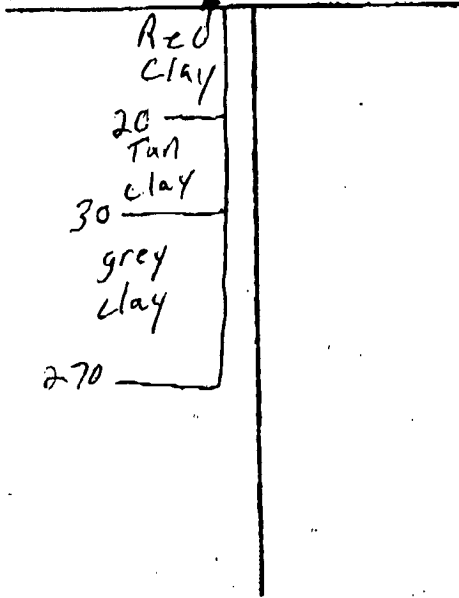
T-544 P.03

F-442

050

**The sketch below only required for water wells.**

**If well intersects other strata on sketch, Ground Level**

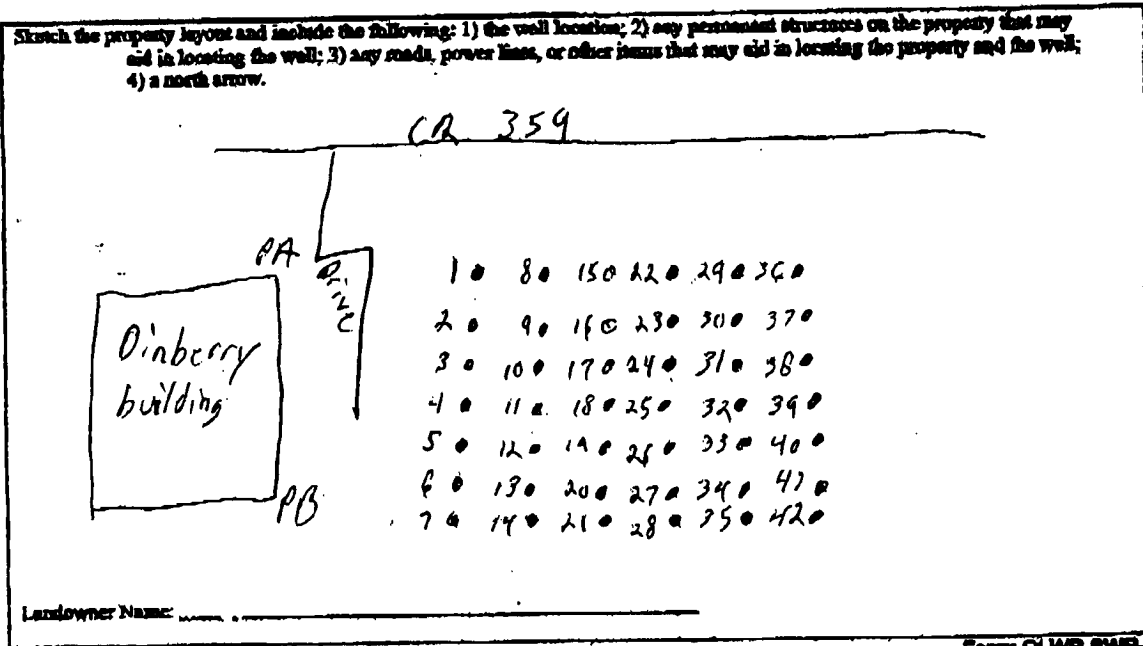


**Description of formations encountered must be provided for all wells and boreholes unless specifically exempted by regulation.**

Description of Formations Encountered	From (depth)		To (depth)
	Ground Level		

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

**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 issues 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.

Fred Danforth 0-69861 6-12-09 Fred Danforth  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Heidelberg <sup>MS</sup>

PA

1	113
2	125
3	139
4	152
5	169
6	185
7	202
8	132
9	142
10	153
11	166
12	181
13	196
14	212
15	149
16	159
17	169
18	181
19	195
20	208
21	224
22	168
23	174
24	186
25	197
26	210
27	222
28	236
29	187
30	195
31	204
32	213
33	224
34	237
35	250
36	205
37	212
38	220
39	230
40	240
41	251

PB

1	151
2	137
3	129
4	113
5	103
6	99
7	97
8	145
9	153
10	139
11	130
12	123
13	119
14	118
15	182
16	169
17	158
18	149
19	143
20	139
21	137
22	195
23	184
24	175
25	167
26	161
27	185
28	158
29	213
30	203
31	194
32	187
33	183
34	178
35	177
36	230
37	221
38	212
39	205
40	201
41	198
42	197

USC