

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: Jones
Permit #: _____
Driller: MS. OFFICE OF GEOLOGY
Date drilling completed: 7/23/08

For Office Use Only:

Aquifer: _____
Well #: K-49
L. S. Elevation: 250'
E-log #: K-0049

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Plum Creek</u>	Latitude: <u>31° 32' 30"</u> Longitude: <u>89° 09' 52"</u>
Mailing Address: <u>204 Spring Lk Cv</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pearl MS 39204</u>	<u>NE 1/4 SE 1/4 Sec 26 Twn 7N Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town Miles of
Telephone No. <u>(601) 933-9200</u>	
<u>MGS - Plum Creek Jones Cty #5</u>	
Well / Borehole Data	
Date drilling started: <u>7/21/08</u> Date drilling completed: <u>7/22/08</u> Hole depth: <u>400'</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Tallahala Ct.</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal Bleach / 1000 gal water</u>	
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 <u>X</u> 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: _____	
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>	

Form: OLWR-SWR-1A

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BY: OLWR

K-49

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	15
Silty	15	40
clay	40	292
Sand	292	345
clay	345	357
Silty	357	375
clay	375	385
Sand	385	400

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 items that may aid in locating the property and the well; 4) a north arrow.

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.

ARCHIE MCKENZIE 0-555

7/30/08
Date

[Signature]
Signature of Licensee

Print Name of Responsible Licensee and License No.