| County: Jenes |
|---------------------------------|
| Permit #: |
| Driller: Office of Geology |
| Date drilling completed: 7/16/8 |

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 U | se Only: |
|------------------|----------|
| Aquifer: | 112 |
| Well #: | 9/ |
| 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.

| Depurtment in the above dailiess within 50 days of comp | |
|--|--|
| Information on Well Owner | Well or Borehole Location |
| (Landowner if borehole is not for a water well) | Latitude: 31 ° 30 ' 00 " Longitude: 89° 11 ', 15" 4 |
| Owner Name Plum Creek | |
| | Method of Lat/Long (circle one): Conventional Survey, |
| Mailing Address: 204 SpringleKeCr. | USGS quad, Hand-held GPS, Survey-grade GPS |
| | 3W/4 NE1/4 Sec 10 Twn6N Rng 12 U |
| Paux M4 70208 | July 14 Sec 10 I WII Sec 10 |
| City M5 34208 City State Zip Code | Distance Direction Nearest Town |
| Telephone No. 601 933-9200 | Miles 1,5 of Union |
| | |
| Well / Bore | . / |
| Date drilling started: 7/15/8 Date drilling completed: 7/16 | |
| Location of the source of any surface water used for drilling: | rek near hole |
| Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel | opment: fair Bisurk per 1000 gas was |
| Logs run (circle all applicable): No log run Electric Gamma Ray | Density Sonic Neutron Other |
| Name of organization running log(s) | acolosi |
| The second secon | |
| Purpose of borehole (check one): Water Well Geotechnical/Geole | ogical Investigation Ground Source Heat Pump |
| Seismic Survey Other (describe | |
| If drilling is not related to water well construction | |
| The state of the s | ny snip sne remaininer of snip steen |
| Purpose of Well (check one): Home Industrial Public Supply | Irrigation Fish Culture Other: |
| If a flowing well, method of flow regulation: ValveO | ther (describe) |
| if a nowing wen, method of now regulation. Valve | (desertee) |
| Static Water Level:feet above or below (circle one) l | and surface Date measured: |
| Method of Measurement (circle one) steel tape electric tape | air line other |
| | |
| Well depth: Well grouted to a depth offeet Type | of grout (circle one): Neat Cement Bentonite Mix |
| Casing length:feet Casing diameter: | inches Type of casing: |
| Screen length:feet Screen diameter: | inches |
| Screen slot size:inches Setting depth: From _ | feet tofeet |
| Type of completion (circle all applicable): Gravel packed Under | reamed Telescoped Open hole Natural Development |
| Other (describe): | |
| | |
| Top of lap pipe or reduction in casing:feet. If tell | escopea or more than one screen, aescribe on next page |

Form: OLWR-SWR-1A

JUL 3 1 2008 BY: OLWR

JUL 3 1 2008

BY: OLWR

| The sketch below only required for water wells | Description of formations encountere | Description of formations encountered must be provided for all | | |
|---|--|--|-------------|--|
| If well telescopes, show depths on sketch. | wells and boreholes, unless specifically exempted by regulations | | | |
| Ground Level | Description of Formations Encountered | | o (depth) | |
| | Sand | Ground Level | 13 | |
| | Clay | 13 | 110 | |
| | Sund | iio | 125 | |
| | Clark | 125 | 130 | |
| | Sand. | 120 | 300 | |
| | Clay. | 200 | 270 | |
| | SUNC | 2.70 | <u> 330</u> | |
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| ndowner Name: | | | | |
| | 1 1/12 1 21 21 21 21 21 21 21 21 21 21 21 21 | Form: OLWR | | |
| rtify that the well/borehole was drilled, constructed, a sissippi Department of Environmental Quality and th | | | | |
| leTus Mayer 069 | 1/2/08 Clitica | Magest | * | |
| nt Name of Responsible Licensee and License No. | Date Signature of Lice | nseé // RECE | - =1\/E | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _ I V C | |