

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: M184
L. S. Elevation: _____
E-log #: _____

County: LINCOLN
Permit #: _____
Driller: Greg Taylor
Date drilling completed: 06-24-10

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>DWAYNE CANNON</u>	Latitude: <u>31° 29' 27"</u> Longitude: <u>90° 22' 03"</u>
Mailing Address: <u>1903 Bushy Trail</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brookhaven MS 39601</u>	<u>SW 1/4 NE 1/4 Sec 14 Twn 6N Rng 8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 757-6214</u>	<u>5 Miles SE of Brookhaven</u>

Well / Borehole Data

Date drilling started: JUNE 14 2010 Date drilling completed: JUNE 24 2010 Hole depth: 150' Hole diameter: 5"

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) 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 X
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: Heat pump

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*

Form: OLWR-SWR-1A (04/08)

① 31° 29.450 N
090° 22.043 W

② 31° 29.456 N
090° 22.044 W

③ 31° 29.458 N
090° 22.044 W

④ 31° 29.459 N
090° 22.045 W

⑤ 31° 29.462 N
090° 22.047 W

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Performed for: Dwight's Company Date: _____

Address/Legal description: 1103 Bushy 700's Brook Haven

Owners phone: 601-757-6214 Performed by: _____

New Construction Retrofit Construction permit & number _____

WaterFurnace Energy Analysis performed by: _____ Date: _____

Soil/Rock types & conditions _____

Drilling regulations/Building codes/Special requirements _____

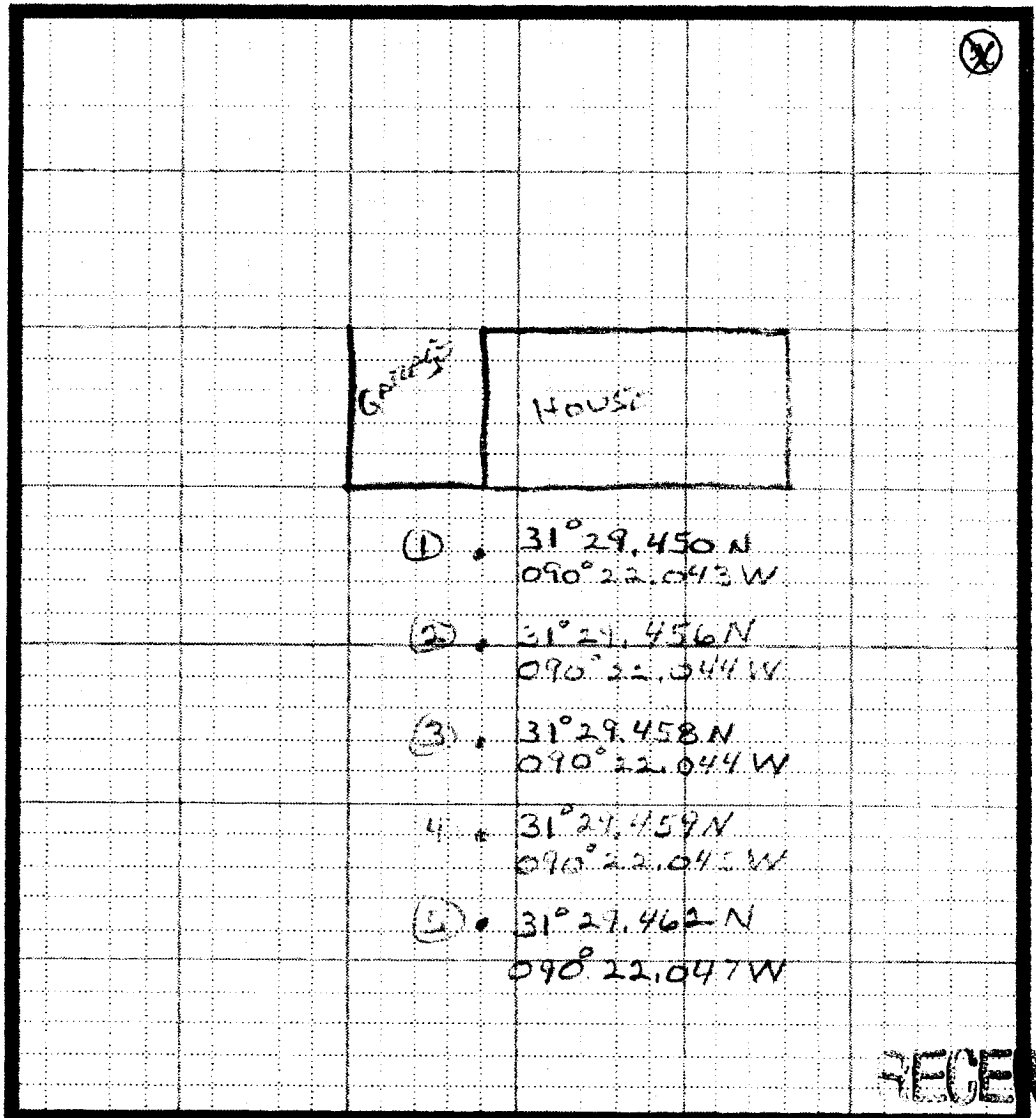
Owner's preference on location of GCL _____

Site Plan

Locate Property lines, existing structures or obstructions, future construction sites, utilities and services, WaterFurnace unit, Flow Center, GCL site and where GCL enters structure, slopes (% and direction), equipment access routes, final grade.

CHECK LIST

- Power lines
 - overhead
 - underground
- Telephone Line
 - overhead
 - underground
- TV Cable
 - overhead
 - underground
- Natural Gas
- Propane
- Public Water
- Water Well depth (ft) _____
- Public Sewer
- On Site Sewer
- Easements
- Fuel Lines
- Sprinkler
- Tile Drain
- Foundation Penetration
- Unit Location
- Pond size _____ avg. depth _____ min. depth _____
- Cut/Fill _____
- Final Grade Elevation _____
- Other _____



Approved By: _____

(owner)

Date _____

SCALE _____ = _____

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BY: TWR