

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: Lincoln
Permit #: _____
Driller: MS. OFFICE OF GEOLOGY
Date drilling completed: 9-25-07
Baby Rutk #1

For Office Use Only:
Aquifer: _____
Well #: R-46
L. S. Elevation: 575'
E-log #: R-0046

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>Martha Sinclair</u>	Latitude: <u>31° 23' 30"</u> Longitude: <u>90° 17' 30"</u>
Mailing Address: <u>1220 Kraner Lane</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>NW 1/4 NW 1/4 Sec 22 Twn 5N Rng 9E</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. <u>(601) 823-6295</u>	

Well / Borehole Data

Date drilling started: 9/25/07 Date drilling completed: 9/25/07 Hole depth: 300' Hole diameter: 5"

Location of the source of any surface water used for drilling: Topisaw Creek

Method of dosing and volume of Chlorine used in drilling and development: 1 gal chlorine / 1000 gal water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MS Geology

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*

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R-46

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	
Silty clay	0	40
Sand	40	57
Gravel	57	74
Clay	74	110
Sand, else to botm	110	150
Black Pea Gravel	150	160
Clay	160	300

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

10/5/07
Date

Archie McKenzie
Signature of Licensee

Print Name of Responsible Licensee and License No.