

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: LOWNDES
Permit #: _____
Driller: PARKS + PARKS
Date drilling completed: _____

For Office Use Only:
Aquifer: _____
Well #: B-3864
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tennessee Valley Authority</u>	Latitude: <u>33° 38' 45"</u> Longitude: <u>88° 16' 26"</u>
Mailing Address: <u>1010 RESERVATION RD</u> <u>MAILSTOP PSC-1A</u> <u>MUSCLE SHOALS, ALA 35661</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 25 Twn 16S Rng 17W</u>
Telephone No. <u>(256) 314-7851</u>	Distance <u>3</u> Miles Direction <u>SE</u> of Nearest Town <u>CALEDONIA</u>

Well / Borehole Data

Date drilling started: 5/10/08 Date drilling completed: 6/10/08 Hole depth: 940 Hole diameter: 9 7/8

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: SPPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): STATE

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: TEST

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

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BY: OLWR

The sketch below only required for water wells

wells and boreholes, unless specifically exempted by regulations **B-2864**

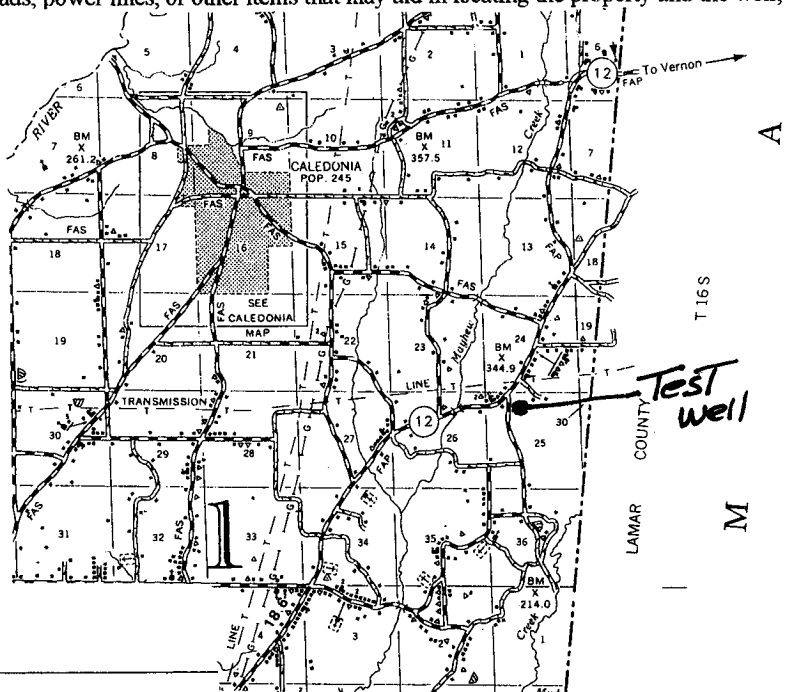
If well telescopes, show depths on sketch

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red SAND	0	40
clay & SAND	40	157
clay	157	237
Pink clay	237	297
SAND & GRAVEL	297	337
clay & SAND	337	397
clay & SAND	397	457
clay	457	539
SAND & GRAVEL	539	586
GRAVEL	586	702
clay & rock (hard)	702	841

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: **TVA**

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.

Rayburn Parks 0-414
 Print Name of Responsible Licensee and License No.

6/11/08
 Date

Rayburn Parks
 Signature of Licensee

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