

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: Madison
Permit #: MS-GW-16174
Driller: Donald Smith Company
Date drilling completed: 9-07

For Office Use Only:
Aquifer: _____
Well #: V 89
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>Lake Lorman Utility</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 764</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Madison</u> <u>MS</u> <u>39130</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>7N</u> Rng <u>1E</u>
Telephone No. (_____) _____	Distance <u>4</u> Miles Direction <u>N</u> of Nearest Town <u>Pocahontas</u>
Well / Borehole Data	
Date drilling started: <u>6-07</u> Date drilling completed: _____ Hole depth: <u>600</u> Hole diameter: _____	
Location of the source of any surface water used for drilling: <u>Public Water Supply</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>DEG</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ 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 <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>192</u> feet above or below (circle one) <input checked="" type="checkbox"/> land surface <input type="checkbox"/> Date measured: _____	
Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Well depth: <u>590</u> Well grouted to a depth of <u>515</u> feet Type of grout (circle one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>515</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>70</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>SS</u>	
Screen slot size: <u>.20</u> inches Setting depth: From <u>520</u> feet to <u>590</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>450</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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BY: OLWA

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

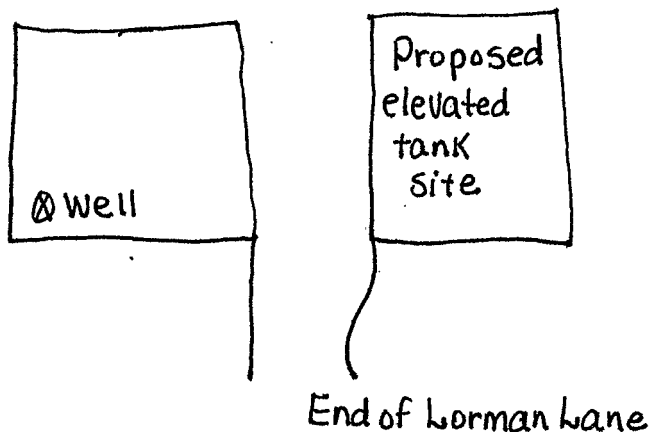
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
Brown Clay	Ground Level	5
White clay	5	28
Blue Clay	28	230
Lime Rock	230	385
Streak of shale	385	390
Lime Rock streaks	390	420
Brown and sandy clay sand	420	520
	520	590

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: Lake Lorman Utility

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.

Ryan Herndon 0-700 12-21-07

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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Lake Lorman

V89

Proposed Well Construction

