

# 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: Pearl River  
Permit #: \_\_\_\_\_  
Driller: MS. OFFICE OF GEOLOGY  
Date drilling completed: 8-24-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E-101  
L. S. Elevation: 177'  
E-log #: E-0101

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>Simpson Sod Company</u>	Latitude: <u>30° 50' 21"</u> Longitude: <u>89° 42' 21"</u>
Mailing Address: <u>P.O. Box 1726</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Covington, LA 70434</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>28</u> Twn <u>2S</u> Rng <u>17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(985) 892-4065</u>	_____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 8/20/07 Date drilling completed: 8/24/07 Hole depth: 160' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Pond on property behind shop  
Method of dosing and volume of Chlorine used in drilling and development: 1000 gal water / 1 gal Bleach

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): MDEQ/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: Geological Investigation

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 52' feet above or below (circle one) land surface Date measured: 8-23-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 150' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 140' feet to 150' 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

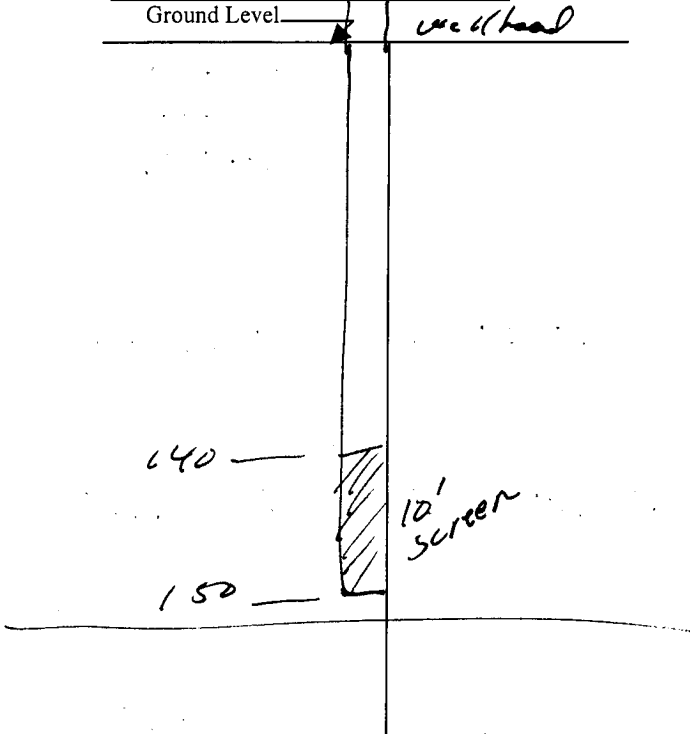
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

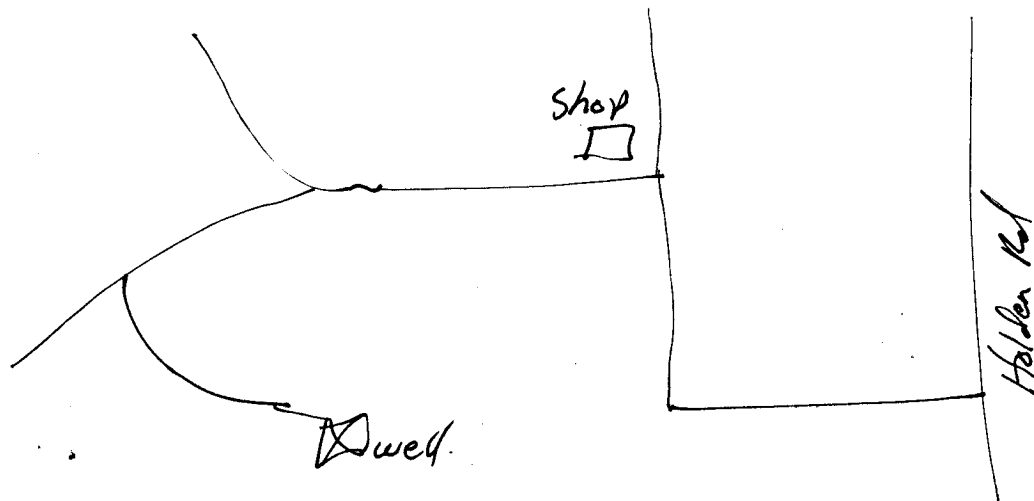


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
<del>Sand</del>	<del>0</del>	<del>15</del>
Silty clay	0	15
Clay	15	24
Silty clay	24	60
Sand	60	80
Fine sand	80	95
Coarse Sand	95	105
Fine sand	105	114
Coarse Sand	114	145
Gravel	145	150
Clay	150	160

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: Simpson Sod Company

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

9-7-07

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee