

# 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: A 246  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: 0-808  
Date drilling completed: 4-6-10

**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>Southwest Miss. Community College</u>	Latitude: <u>31° 17' 39"</u> Longitude: <u>90° 26' 54"</u>
Mailing Address: <u>1156 College Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Summit</u> MS <u>39666</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>24</u> Twn <u>4N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 276-2000</u>	<u>2</u> Miles <u>NE</u> of <u>Summit</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>4-5-10</u> Date drilling completed: <u>4-6-10</u> Hole depth: <u>80'</u> Hole diameter: <u>7 7/8"</u>	
Location of the source of any surface water used for drilling: <u>none</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>monitoring well</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>43.6</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-6-10</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>78'</u> Well grouted to a depth of <u>60'</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>68'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>sch 40 PVC</u>	
Screen length: <u>10'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>sch 40 PVC slot</u>	
Screen slot size: <u>.012</u> inches Setting depth: From <u>68'</u> feet to <u>78'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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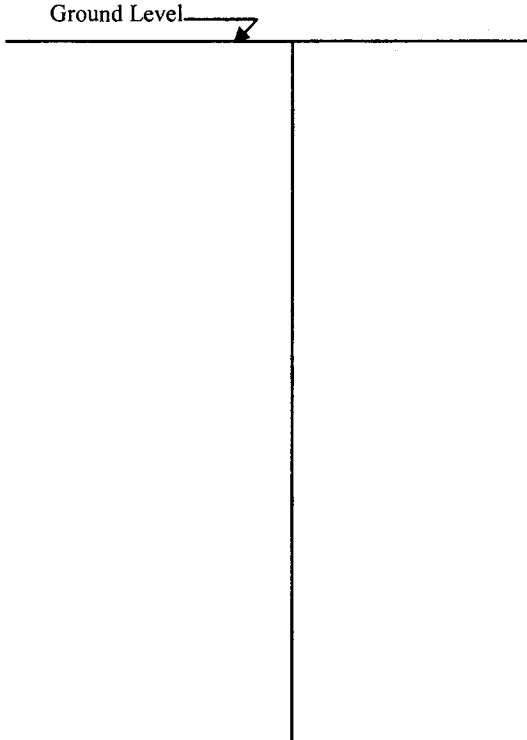
APR 30 2010

BY: OLWR

A 246

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)
Topsoil	Ground Level	1'
red clay	1'	17'
sand w/ pea gravel	17'	78'
yellow clay	78'	80'

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: Southwest Miss. Community College

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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.

Clinton Dunn 0-808      4-27-10      Clinton Dunn  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee