

County: Pike
 Permit #: N/A
 Driller: 0-808
 Date drilling completed: 10/24/12

State Well Report

Part I - 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: _____
 Well #: B241
 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>Southwest Miss Comm College</u>	Latitude: <u>31° 17' 25"</u> Longitude: <u>90° 26' 28"</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>NE</u> ¼ <u>NW</u> ¼ Sec <u>30</u> Twn <u>4N</u> Rng <u>8E</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>

Well / Borehole Data

Date drilling started: 10/15/12 Date drilling completed: 10/24/12 Hole depth: 90' Hole diameter: 7 1/8"

Location of the source of any surface water used for drilling: none

Method of dosing and volume of Chlorine used in drilling and development: Bleach 5 ppm

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

Name of organization running log(s): _____

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: observation

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

Static Water Level: 47' feet above or below (circle one) land surface Date measured: 10/24/12

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

Well depth: 90' Well grouted to a depth of 65' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70' feet Casing diameter: 4" inches Type of casing: sch 40 PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: sch 40 PVC

Screen slot size: .016 inches Setting depth: From 70' feet to 90' 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: N/A feet. *If telescoped or more than one screen, describe on next page*

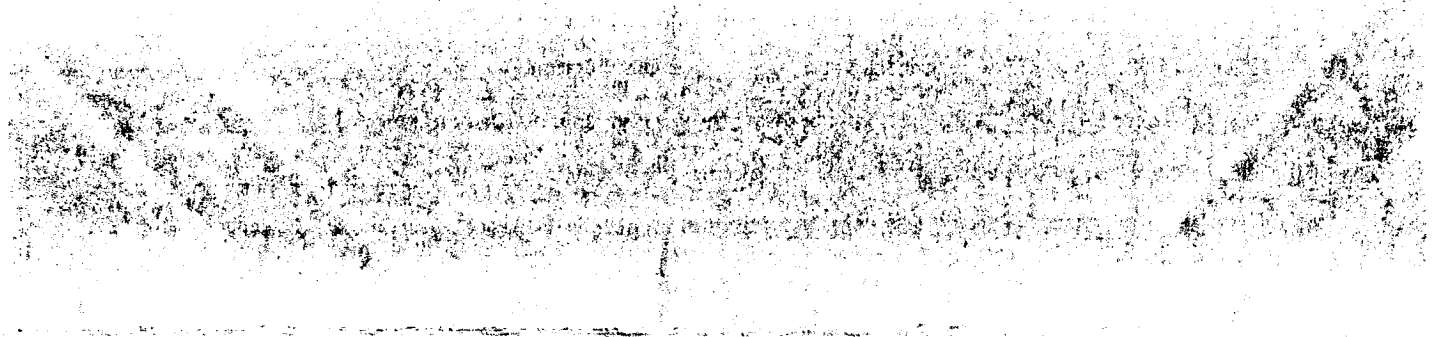
Form: OLWR-SWB-1A (04/08)

Observation Well - no pump

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OCT 29 2012

BY: OLWR



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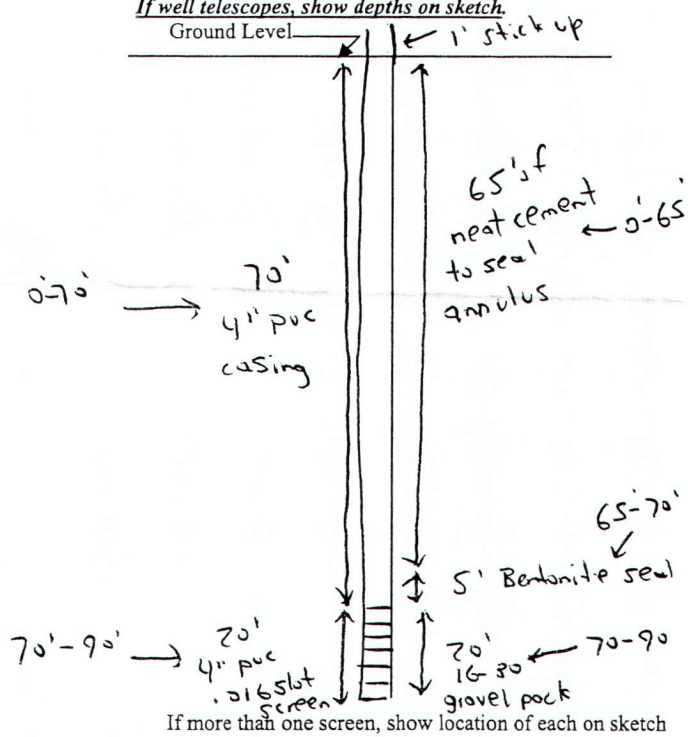
[Handwritten signature]
Director, Office of Health Policy and Standards

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HEALTH POLICY AND STANDARDS

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.



Description of Formations Encountered	From (depth)	To (depth)
Red clay	Ground Level	15'
sand	15'	70'
course sand w/ pea gravel	70'	90'



⊙ Observation well fall 2012
 90' td 20' .016 slot 47' swl

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 10/26/12
 Print Name of Responsible Licensee and License No. Date

Clinton Dunn
 Signature of Licensee

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