

County: Rankin
 Permit #: _____
 Driller: Office of Geo.
 Date drilling completed: 5/7/08

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)

For Office Use Only:
 Aquifer: _____
 Well #: F-86
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jackson Prep School</u>	Latitude: <u>32° 20' 02"</u> Longitude: <u>90° 06' 20"</u>
Mailing Address: <u>3100 Lakeland Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jackson MS 39232</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 28 Twn 6N Rng 2E</u>
Telephone No. <u>601 939-8611</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>5/5/08</u> Date drilling completed: <u>5/7/08</u> Hole depth: <u>137</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: _____ 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 checked="" 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>Office of Geology</u>	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <u>Geotechnical/Geological Investigation</u> <input checked="" type="checkbox"/> 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 _____ Irrigation _____ Fish Culture _____ Other: <u>Geologic Investigation</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>115</u> feet above or below (circle one) land surface Date measured: <u>5/12/08</u>	
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: <u>135</u> Well grouted to a depth of <u>105</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix	
Casing length: <u>115</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>135</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>10</u> inches Setting depth: From <u>115</u> feet to <u>135</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> <u>Gravel packed</u> <input 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: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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