

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)

County: Rankin
Permit #: _____
Driller: Greg Taylor
Date drilling completed: 06-10-10

For Office Use Only:
Aquifer: _____
Well #: 563
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>SIDNEY McLAURIN</u>	Latitude: <u>32° 10' 42"</u> Longitude: <u>89° 46' 31"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Pelahatchie MS</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 22 Twn 4N Rng 5E</u>
Telephone No. <u>(601) 201-6442</u>	Distance Direction Nearest Town <u>15</u> Miles <u>N</u> of <u>PUCKETT</u>

Well / Borehole Data

Date drilling started: NOV 16 2009 Date drilling completed: JUNE 10 2010 Hole depth: 250 Hole diameter: 5"

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 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 X

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: Heat pump

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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 (04/08)
- ① 32° 10.697 N 089° 46.512 W
 - ② 32° 10.697 N 089° 46.509 W
 - ③ 32° 10.697 N 089° 46.507 W
 - ④ 32° 10.697 N 089° 46.504 W
 - ⑤ 32° 10.700 N 089° 46.519 W
 - ⑥ 32° 10.702 N 089° 46.519 W
 - ⑦ 32° 10.704 N 089° 46.518 W
 - ⑧ 32° 10.705 N 089° 46.516 W
 - ⑨ 32° 10.708 N 089° 46.513 W
 - ⑩ 32° 10.709 N 089° 46.513 W
 - ⑪ 32° 10.711 N 089° 46.513 W

RECEIVED

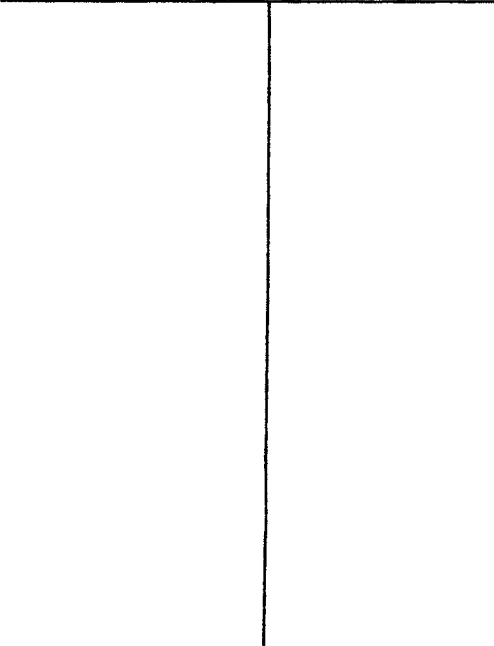
JUL 14 2010

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

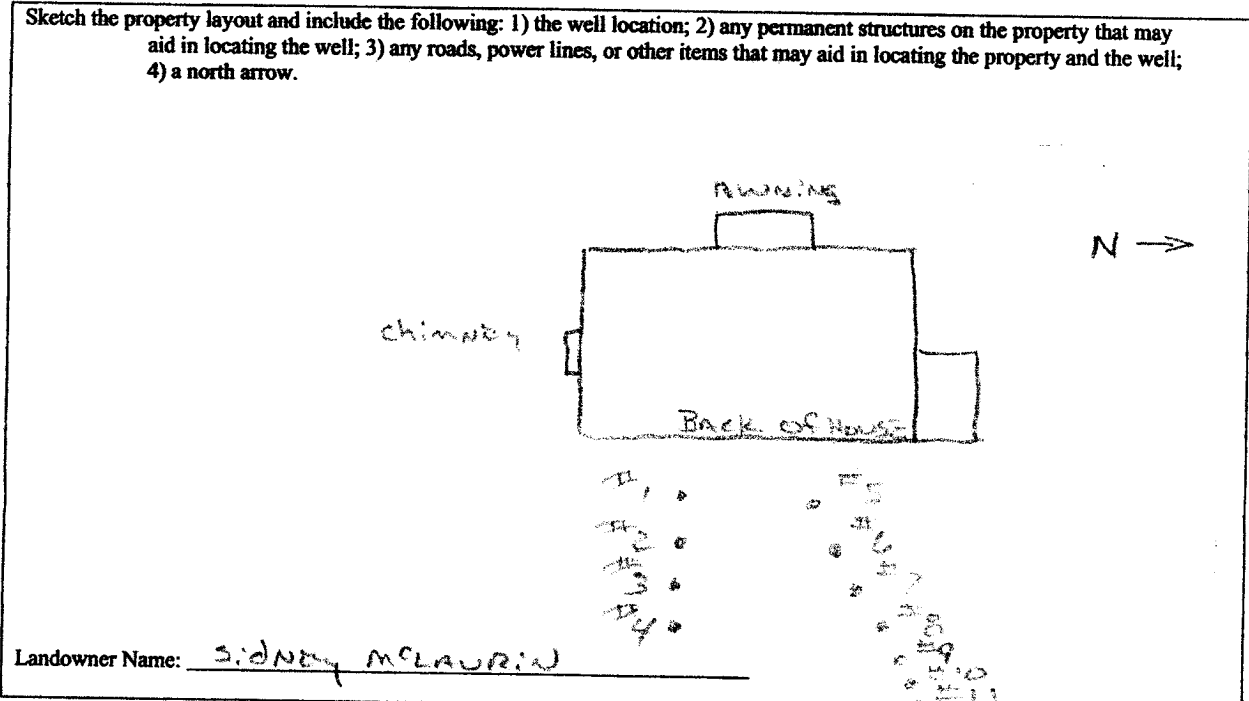


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
UNKNOWN DIRT	Ground Level	20'
RED SAND AND CLAY	20'	50'
CAVITZOUS LIMESTONE	50'	80'
SANDY CLAY	80'	250'
Total Depth	250'	

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: SIDNEY McLAURIN

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

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.

Martin E Herndon 0-455 07-12-10

Martin E Herndon

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED
JUL 14 2010
BY: OLWR

Performed for: Sidney McLaughlin Date: _____

Site Survey

Address/Legal description: corner of Hwy 43 and Diamond & Lake Road

Owners phone: _____ Performed by: _____

New Construction Retrofit Construction permit & number _____

WaterFurnace Energy Analysis performed by: _____ Date: _____

Soil/Rock types & conditions _____

Drilling regulations/Building codes/Special requirements _____

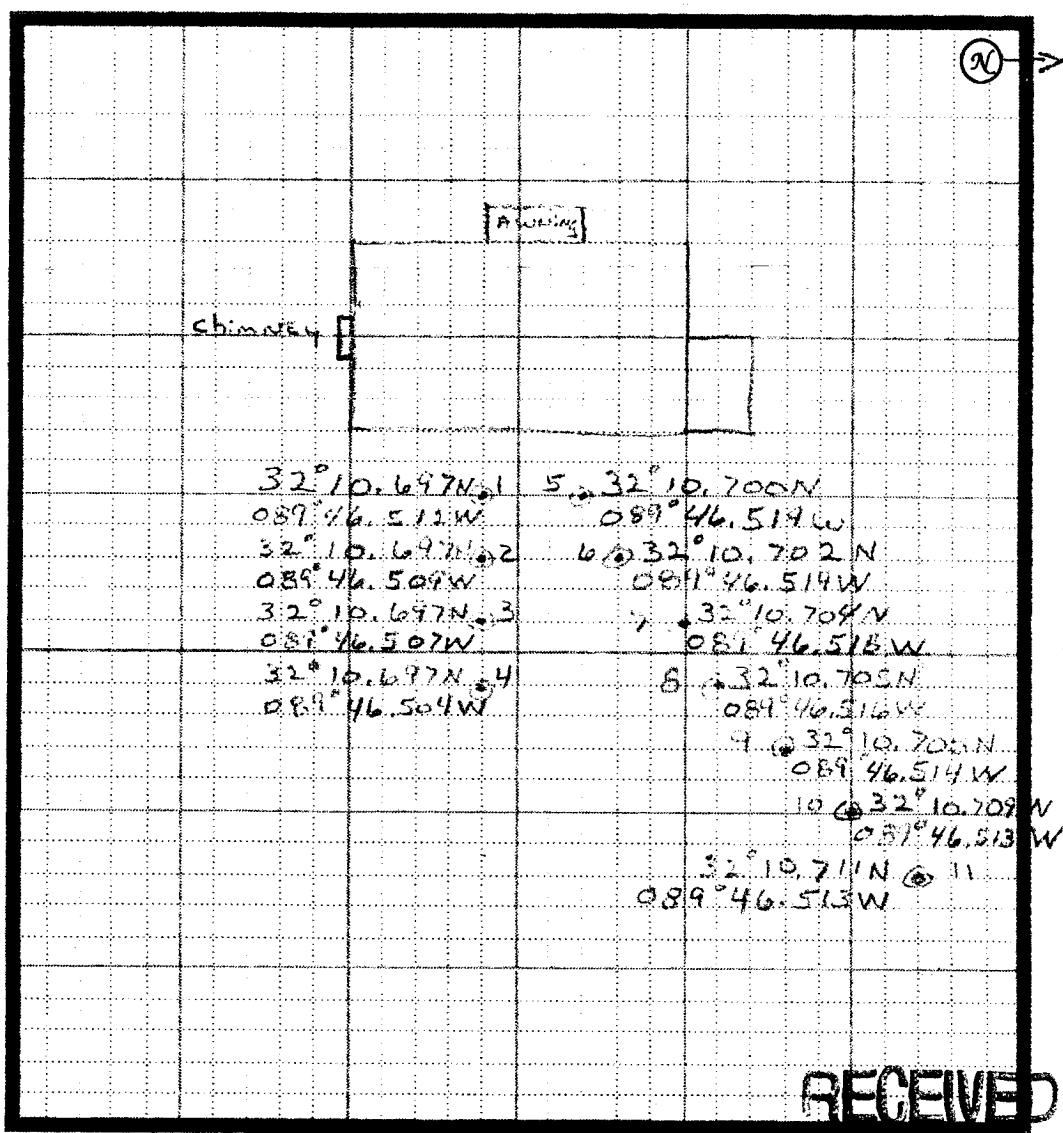
Owner's preference on location of GCL _____

Site Plan

Locate Property lines, existing structures or obstructions, future construction sites, utilities and services, WaterFurnace unit, Flow Center, GCL site and where GCL enters structure, slopes (% and direction), equipment access routes, final grade.

CHECK LIST

- Power lines
 - overhead
 - underground
- Telephone Line
 - overhead
 - underground
- TV Cable
 - overhead
 - underground
- Natural Gas
- Propane
- Public Water
- Water Well
depth (ft) _____
- Public Sewer
- On Site Sewer
- Easements
- Fuel Lines
- Sprinkler
- Tile Drain
- Foundation
Penetration
- Unit Location
- Pond
size _____
avg. depth _____
min. depth _____
- Cut/Fill _____
- Final Grade
Elevation _____
- Other _____



Approved By: _____

(owner)

Date _____

SCALE _____ = _____

RECEIVED

JUL 14 2010

BY: OLWR