

County: Simpson
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 6/20/12

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 #: A15
 L. S. Elevation: _____
 E-log #: A 0015

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>Plum Creek</u>	Latitude: <u>32° 01' 58" N</u> Longitude: <u>90° 13' 08" W</u>
Mailing Address: <u>204 Spring Lake Cir.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Pearl</u> State: <u>MS</u> Zip Code: <u>39208</u>	USGS quad, <u>NW 1/4 NE 1/4</u> Sec <u>8</u> Twn <u>T2N</u> Rng <u>R1E</u>
Telephone No. <u>(601) - 933-9200</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 6/18/12 Date drilling completed: 6/20/12 Hole depth: 360 Hole diameter: 5"

Location of the source of any surface water used for drilling: No Name creek close to site

Method of dosing and volume of Chlorine used in drilling and development: 1 gal Bleach / 1000 water

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

Name of organization running log(s): Office of 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: _____

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

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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)
Clay	Ground Level	10
Sand	10	30
Red Gravel	30	40
Clay	40	110
Sandy Clay	110	130
Clay	130	234
Sand	234	240
Clay	240	314
Rock + Clay + Sand	314	350
Sand	350	356
Clay	356	360

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: _____

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.

Clatus Magee 0619
 Print Name of Responsible Licensee and License No.

7/5/12
 Date

Clatus Magee
 Signature of Licensee