

County: Smith
 Permit #: _____
 Driller: MS. OFFICE OF GEOLOGY
 Date drilling completed: 11/19/08

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 #: G-28
 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>Smith County Board of Supervisors</u> | Latitude: <u>32° 04' 10"</u> Longitude: <u>89° 25' 50"</u> |
| Mailing Address: <u>P.O. Box 577</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| City: <u>Raleigh</u> State: <u>MS</u> Zip Code: <u>39153</u> | USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS |
| Telephone No. <u>(601) 782-4000</u> | <u>NW</u> ¼ <u>SE</u> ¼ Sec <u>25</u> Twn <u>3N</u> Rng <u>8E</u> |
| | Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Raleigh</u> |

Well / Borehole Data

Date drilling started: 11/19/08 Date drilling completed: 11/19/08 Hole depth: 30' Hole diameter: 5"

Location of the source of any surface water used for drilling: Creek by site

Method of dosing and volume of Chlorine used in drilling and development: 1 gal Bleach / 1000 gal H₂O

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: _____

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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 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) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| Round pebbles | 0 | 2 |
| Clay | 2 | 12 |
| Sand | 12 | 30 |
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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.

ARCHIE MCKENZIE 0-555

Print Name of Responsible Licensee and License No.

12/10/08
Date

[Handwritten Signature]
Signature of Licensee