

# 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)

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: Office of Geology  
Date drilling completed: 10/27/07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: T-94  
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>Plym Creek</u>	Latitude: <u>31° 34' 07"</u> Longitude: <u>88° 37' 53" W</u>
Mailing Address: <u>204 Spring Lake Cr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pearl</u> <u>MS</u> <u>39209</u> City State Zip Code	<u>SE 1/4 SW 1/4</u> Sec <u>18</u> Twn <u>7N</u> Rng <u>6W</u>
Telephone No. <u>(601) 933 9200</u>	Distance <u>10</u> Miles Direction <u>South</u> of Nearest Town <u>Waynesboro</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>10/22</u> Date drilling completed: <u>10/24</u> Hole depth: <u>451'</u> Hole diameter: <u>5"</u>	
Location of the source of any surface water used for drilling: <u>Butrick Creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal chlorine / 1000 water</u>	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>Office of Geology</u>	
Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump ___	
Seismic Survey ___ Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
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. <b>If telescoped or more than one screen, describe on next page</b>	

T-94

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

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)
Sand	Ground Level	50
Clay	50	90
<del>Clay</del> Sand	90	100
Clay	100	140
Sand	140	170
Clay	170	180
Sand	180	223
Clay	223	230
Sandy	230	235
Clay	235	247
Sandy clay	247	260
Sand	260	293
Clay	293	299
Rock	299	326
Clay	326	330
Silty clay	330	380
Clay	380	433
Rock	433	451

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.

Cletus Magee  
Print Name of Responsible Licensee and License No.

0-619  
Date

Cletus Magee  
Signature of Licensee

RECEIVED  
MAY 11 1994  
BY [unclear]