

Never received Part 2 3/2013

State Well Report

Part I - 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: Amite
 Permit #: _____
 Driller: Justin Robinson
 Date drilling completed: 6/22/10

For Office Use Only:
 Aquifer: _____
 Well #: P96
 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>Scott AFFORD</u>	Latitude: <u>31° 10' 15" N</u> Longitude: <u>90° 36' 24" W</u>
Mailing Address: <u>2045 middle glading rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, Survey-grade GPS
<u>Liberty</u> <u>MS</u> <u>39645</u>	USGS quad, <u>NE 1/4 NE 1/4 Sec 4</u> Twn <u>2N</u> Rng <u>6E</u>
City State Zip Code	Distance <u>8</u> Miles Direction <u>west</u> of Nearest Town <u>McComb</u>
Telephone No. <u>(601) 249 3356</u>	

Well / Borehole Data

Date drilling started: 6/22/10 Date drilling completed: 6/22/10 Hole depth: 118 Hole diameter: 6 5/4

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: 7ppm

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: 70 feet above or below (circle one) land surface Date measured: 6/22/10

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

Well depth: 118 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 98 feet Casing diameter: 4 inches Type of casing: Pvc sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: 1/4 slot sch 40

Screen slot size: .12 inches Setting depth: From 98 feet to 118 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)

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The sketch below only required for water wells

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

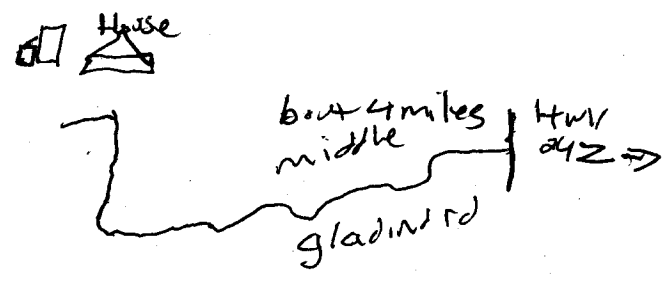
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	1F
red clay	1F	17F
coarse sands	17	40
gravel	40	82
Fine white sands	82	118

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: Scott A. Ford

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.

Print Name of Responsible Licensee and License No. Soe Juneau Date 6/22/10

Signature of Licensee

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