

# 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 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: K83  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: Josh Boone  
Date drilling completed: 07/07/2021

*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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Matt Mcfall</u>	Latitude: <u>31.5378550</u> Longitude: <u>-89.4822690</u>
Mailing Address: <u>14 hummingbird lane</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Seminary</u> <u>Ms</u> <u>39479</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>26</u> T <u>07N</u> R <u>15W</u>
City State Zip Code	<u>1.4 miles</u> Miles <u>south</u> of <u>Seminary</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>07/07/2021</u> Date drilling completed: <u>07/07/2021</u> Hole depth: <u>150</u> Hole diameter: <u>7.25</u>
Location of the source of any surface water used for drilling: <u>Running creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Granulated chlorine</u>
Logs run (check all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>40</u> feet [ above or <input checked="" type="checkbox"/> below ] land surface Date measured: <u>07/07/2021</u> (check one)
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: _____ Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Pvc</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Saw slot</u>
Screen slot size: <u>8</u> inches Setting depth: From <u>140</u> feet to <u>150</u> feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

RECEIVED

07-23-2021

Form: OLWR-SWR-1A (4/13)

BY OLWR

County: Covington  
 Permit #: \_\_\_\_\_



**For Office Use Only:**  
 Well #: K83

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

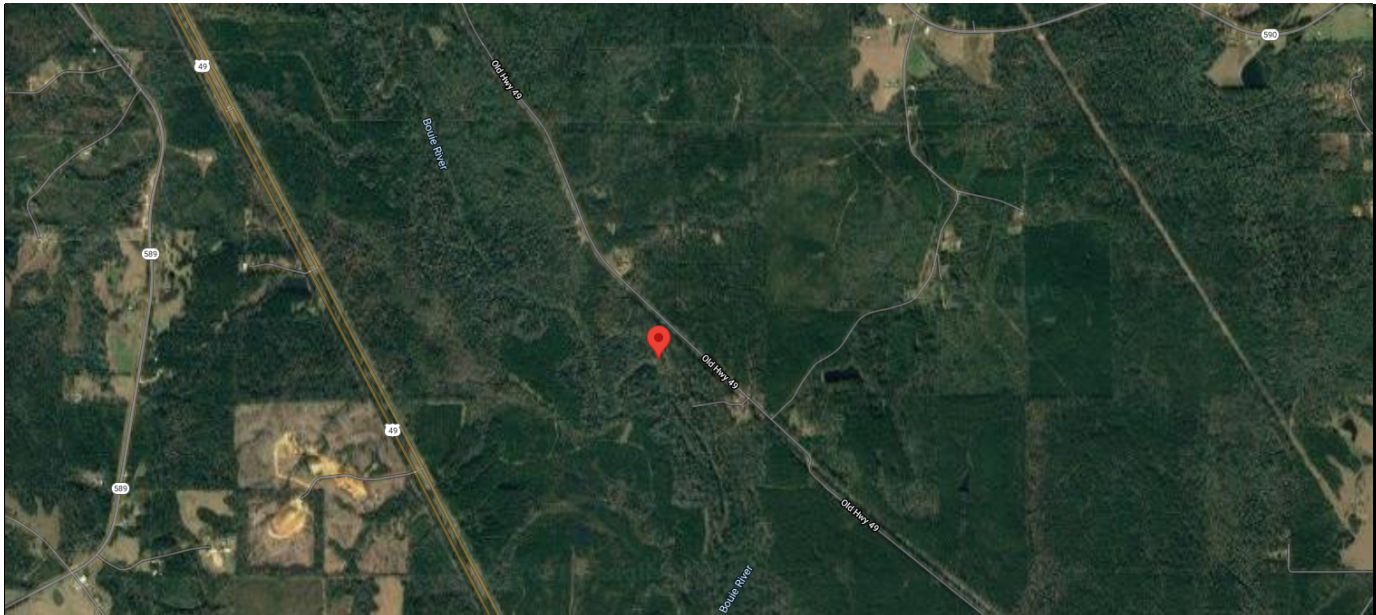
Ground Level

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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)
Sandy clay	Ground level	5
White clay	5	24
Blue clay	24	115
Sand	115	150

If more than one screen, show location of each on sketch



Landowner Name: Matt Mcfall

I HEREBY 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.

Josh Boone 8683  
 Print Name of Responsible Licensee and License No. \_\_\_\_\_

07/19/2021  
 Date \_\_\_\_\_



Josh Boone  
 Signature of Licensee \_\_\_\_\_