~
_

	STATE	WELL REPORT	200	
County: George	Part 1		For Office Use Only:	
	D	riller's Log	Well #:	
Driller: COOST Water Wellsvc.	Mississippi Department of Environmental Quality		Aquifer:	
1 - 10	Office of Land and Water Resources P.O. Box 2309		E-Log #:	
Date drilling completed:	Jackson, MS 39225-2309 (601)961-5210			
	•	1)360-0535 (fax)		
State Law requires that this report Department at the above address w	be prepared by the oithin 30 days of co	license holder responsible for t mpletion of drilling of the well (	he work and filed with the or borehole.	
Well Owner Informat	ion	Well or Bore	hole Location	
(Landowner if borehole is not for	r a water well) Latitude: 30°54'541da Lor		ngitude: <u>088°48′38.40′′</u>	
Owner Name: Pierce Water 1		Method of Lat/Long (check one	e): Conventional Survey,	
Mailing Address: 5267 HWY	413	USCS auad Handsheld G	PS Survey-grade GPS	
Lungdale Ms 30/150		NE 1/4 SW 1/4, Sec	32 T 15 R 84	
Lucedale, Ms 39452 City State	Zip Code	3/2 Miles Nopatto		
Telephone No. (601) 947-4548	<i>§</i>	(Distance) (Direction)		
Well / Borehole Data				
Date drilling started: 1-2-19 Date	drilling completed	$\frac{1-5-19}{14}$ Hole depth: $\frac{330}{14}$	FT Hole diameter: 4" X 2"	
Location of the source of any surface	water used for drilli	ng: NA	S 410 1 15 Well	
Method of dosing and volume of Chlori	ine used in drilling a	and development: GALO	axilling agalin well	
Logs run (circle all applicable): No log	run Electric Gam	ma Ray Density Sonic Neutr	on Other:	
Name of organization running log(s):				
Purpose of borehole (circle one) Wate	r Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump	
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of the strong live in the construction.				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture 2 2 2013				
Other (describe): WELL FOR C	2+11e		BYOLMD	
If a flowing well, method of flow regu	llation: Valve	Other (describe)	DI OLWR	
Static Water Level:fee	et [above or below (circle one)	w])land surface Date measure	ed: 1-5-19	
Method of measurement (circle one):	Steel tape Electric	tape (Air line) Other (describe	):	
10 X2 LOVE DIK	1	(V, C)	: Neat Cement Bentonite Mix	
Casing length: <u>040</u> Tfeet	Casing diameter: 🗀	inches Type of	casing.	

Screen diameter:

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing:

Setting depth: From

\_feet

If telescoped or more than one screen, describe on next page

inches

Underreamed

feet to

Open hole

Screen length:

Other (describe):\_

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

(Natural Development

George	For Office Use Only:
County: GEOTGE	Well #: <u>A48</u>
Permit #:	well #:
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.	Description of Formations Encountered From (depth) To (depth)
Ground Level	Top Soil Ground level 2
2400	range clay
usell casing	Grange Coarse Sand Mpragrave 30 35
well casing	Bue Clay 35 100
	Gray coarse sand 164 265
	Blue Clay 1 265 2871
Ille all am Susepare	Gray Coarse Sand 287, 304
4.42 poe	Trash 304 307
4"x 2" pue sweege	Gray Coarse Sard 307 330
5'-2" prc F480	
WEN CASING	
11 11 11	
20-2"sch 80 656	
well screen	
a vwash II	
2" puc Backwash	
If more than one screen, show location of each on sketch	
Sketch the property layout and include the following:	
1) the well location	aid in locating the well in locating the property and the well to the property and the
<ol> <li>any permanent structures on the property that may a</li> <li>any roads, power lines, or other items that may aid in</li> </ol>	n locating the property and the well
4) north arrow	200 m Jkm ou h
	Karay Dilling
,36	X.
Jess Creek Re	Tim Tim
700	Jim JAM ROAD
<b>*</b> \ <b>* *</b> \ <b>* * * * * * * * * *</b>	PECEU
See A	RECEIVED
, , ,	JAN 22 2019
To Ball	• • • • • • • • • • • • • • • • • • • •
8/ 2/	BY OLWR 3
\ \ <b>\</b>	JENNY 31
Landowner Name: Pierce Water Well	
I HEREBY CERTIFY that the well/borehole was drilled,	, constructed, and completed in accordance with all applicable. nmental Quality and the Mississippi Department of Health regulations,
LUCDERY CERTIFY that the well/horehole was drilled	nmental Quality and the Mississippi Department of Health regulations,
I HEREBY CERTIFY that the well/borehole was drilled,	nmental Quality and the Mississippi Department of Health regulations,