

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)961-5210
(601)360-0535 (fax)

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For Office Use Only:

Well #: A50
Aquifer: _____
E-Log #: _____

County: George
Permit #: _____
Driller: Coast Water Well Svc.
Date drilling completed: 3-28-19

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Donna Dickson</u>	Latitude: <u>30°56'27.72"</u> Longitude: <u>088°46'54.84"</u>
Mailing Address: <u>142 Fawn Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>McLain, Ms</u> <u>39456</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4</u> , Sec <u>42</u> T <u>1S</u> R <u>8W</u>
Telephone No. <u>(601) 508-3850</u>	<u>5</u> Miles <u>North</u> of <u>Bennedale</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>3-27-19</u> Date drilling completed: <u>3-28-19</u> Hole depth: <u>678 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal Per 1000 Drilling 2 gal in well</u>
Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump
<small>Seismic Survey Other (describe) _____</small>
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve <input checked="" type="checkbox"/> Other (describe) _____
Static Water Level: <u>Flow 5.6 GPM</u> feet [above or below] land surface Date measured: <u>3-28-19</u>
<small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="radio"/> Electric tape <input type="radio"/> <input checked="" type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>678 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="radio"/> <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>663</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>663</u> feet to <u>678</u> feet
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> <input checked="" type="radio"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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