

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 #: D181

Aquifer: _____

E-Log #: _____

County: George
Permit #: _____
Driller: Michael Fryfogle
Date drilling completed: 10/29/2021

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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>Lezette Grey</u>	Latitude: <u>30.9599670</u> Longitude: <u>-88.5020130</u>
Mailing Address: <u>198 Albert Davis Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale</u> <u>Ms</u> <u>39452</u>	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>17</u> T <u>1S</u> R <u>5W</u>
City State Zip Code	<u>5.68</u> Miles <u>NE</u> of <u>Lucedale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10/29/2021</u> Date drilling completed: <u>10/29/2021</u> Hole depth: <u>90</u> Hole diameter: <u>4 1/4</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): No log run <input checked="" type="checkbox"/> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey 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 Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>58</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>10/29/2021</u> (check one)
Method of measurement (check one): Steel tape Electric tape Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: <u>90</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>75</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch40</u>
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Wrap</u>
Screen slot size: <u>.10</u> inches Setting depth: From <u>75</u> feet to <u>90</u> feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

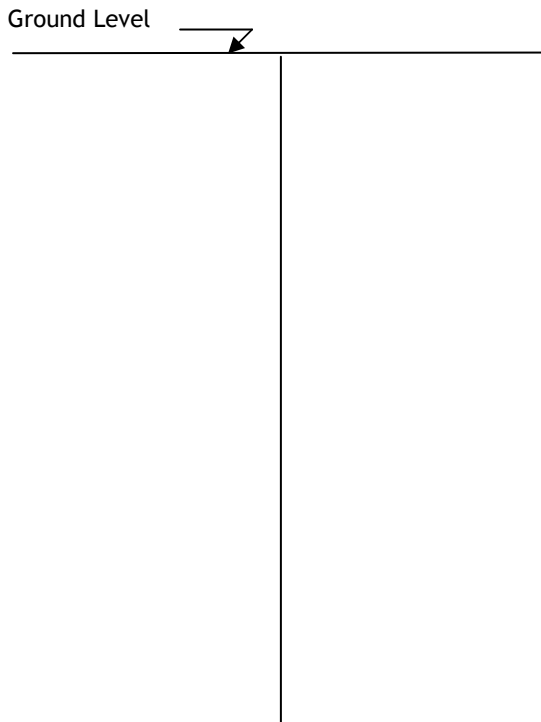
County: George
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The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
Mix	Ground level	10
Clay	10	38
Sand	38	52
Clay	52	60
Sand	60	90

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) north arrow



Landowner Name: Lezette Grey

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.

Michael Fryfogle 0408
Print Name of Responsible Licensee and License No. 01/28/2022
Date



Michael Fryfogle
Signature of Licensee