

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)

191



County: George
 Permit #: _____
 Driller: Michael Fryfogle
 Date drilling completed: 09/19/2021

For Office Use Only:

Well #: _____
 Aquifer: D 189
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>David Short</u>	Latitude: <u>30.9437500</u> Longitude: <u>-88.4423080</u>
Mailing Address: <u>136 Turkey fork 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>MW</u> ¼ <u>SW</u> ¼, Sec <u>24</u> T <u>1S</u> R <u>5W</u>
City State Zip Code	<u>8.87</u> Miles <u>East</u> of <u>Lucedale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 09/19/2021 Date drilling completed: 09/19/2021 Hole depth: 85 Hole diameter: 4 1/4

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

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check 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 all applicable): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 60 feet [above or below] land surface Date measured: 09/19/2021
(check one)

Method of measurement (check one): Steel tape _____ Electric tape _____ Air line Other (describe): _____

Well depth: 85 Well grouted to a depth of: 20 feet Type of grout (check one): Neat Cement _____ Bentonite Mix _____

Casing length: 75 feet Casing diameter: 2 inches Type of casing: Sch 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Wrap

Screen slot size: .06 inches Setting depth: From 75 feet to 85 feet

Type of completion (check all applicable): Gravel packed Underreamed _____ 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

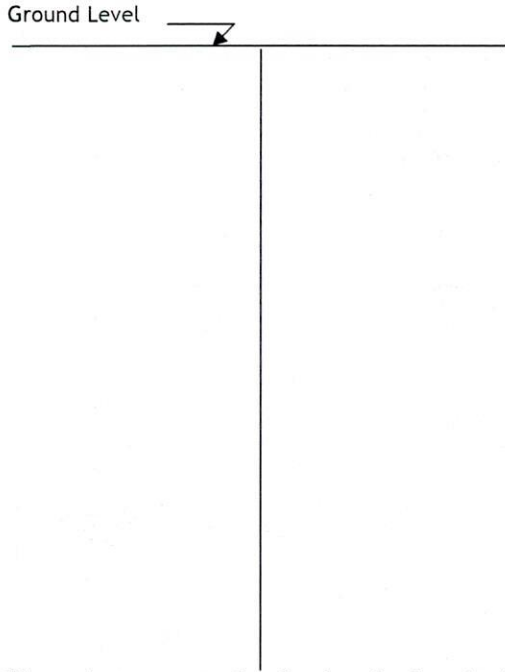
County: George
Permit #: _____

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For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

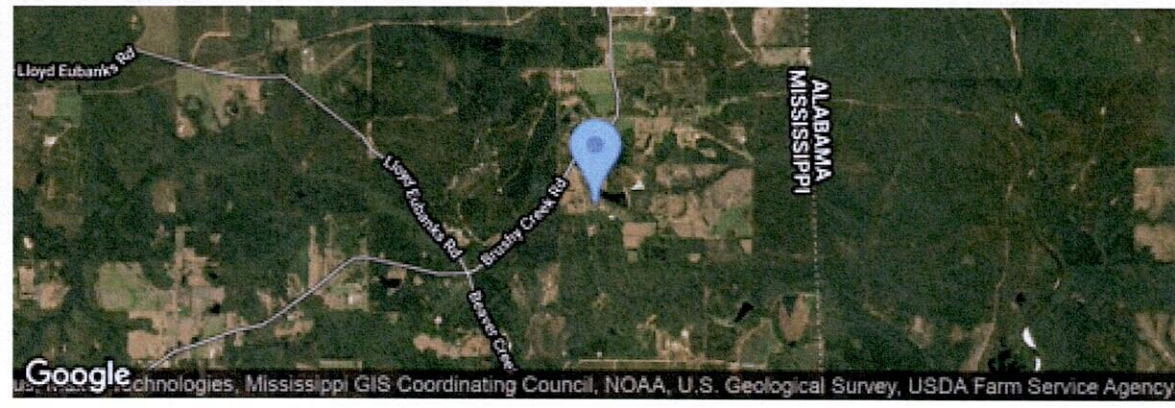


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Mix		12
Sand	12	28
Clay blue	28	70
Sand	70	85

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: David Short

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.

09/20/2021
Date



Michael Fryfogle
Signature of Licensee