

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: E 140
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Lyman Well
Date drilling completed: 7/22/11

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>George County Shelter</u>	Latitude: <u>30° 52' 21" N</u> Longitude: <u>88° 47' 54" W</u>
Mailing Address: <u>329 Rutliff St</u> <u>Lucedale</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>1R 1/4 SW 1/4 Sec 16 Twp 25 Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. (<u>601</u>)- <u>947-7557</u>	

Well / Borehole Data

Date drilling started: 7/16/11 Date drilling completed: 7/17/11 Hole depth: 300 Hole diameter: 7/8

Location of the source of any surface water used for drilling: NA

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

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 one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: Test well

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

Static Water Level: 77 feet above or below (circle one) land surface Date measured: 7/17/11

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 280 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .008 inches Setting depth: From 240 feet to 280 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ 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**

Form: OLWR-SWR-1A (04/08)


RECEIVED

AUG 02 2011

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

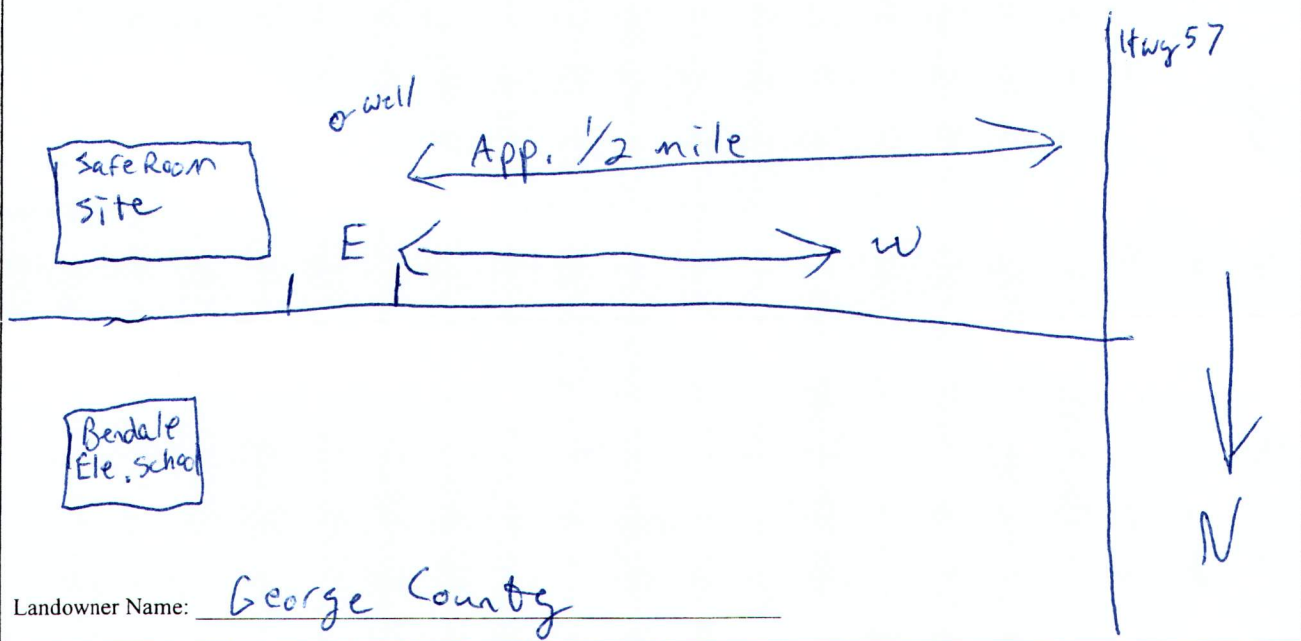
Ground Level 

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)
top soil Sand	Ground Level	50
clay	50	180
sand	180	300

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

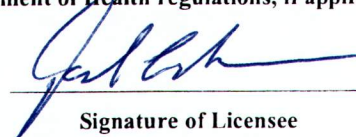
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Form: OLWR-SWR-1A (04/08)

I 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 Ladner 0-640 8/1/11
 Print Name of Responsible Licensee and License No. Date


 Signature of Licensee

RECEIVED
 AUG 02 2011
BY: OLWR