

# 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 #: E142  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: MS-60-16906  
Driller: Lyman Well  
Date drilling completed: 8/5/11

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 Ratliff St.</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 Twn 2S Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>947-7557</u>	_____ Miles _____ of _____

Well / Borehole Data
Date drilling started: <u>7/29/11</u> Date drilling completed: <u>8/5/11</u> Hole depth: <u>282</u> Hole diameter: <u>16"</u>
Location of the source of any surface water used for drilling: <u>NA</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Granular</u>
Logs run (circle all applicable) <u>No log run</u> 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 one): Home _____ Industrial _____ Public Supply <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>77</u> feet above or below (circle one) land surface Date measured: <u>8/5/11</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____
Well depth: <u>282</u> Well grouted to a depth of <u>227</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix
Casing length: <u>227</u> feet Casing diameter: <u>8"</u> inches Type of casing: <u>Steel</u>
Screen length: <u>40</u> feet Screen diameter: <u>3XS</u> inches Type of screen: <u>316 munipack</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>240</u> feet to <u>280</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>
Other (describe): <u>K Packer</u>
Top of lap pipe or reduction in casing: <u>196</u> feet. <i>If telescoped or more than one screen, describe on next page</i>

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

RECEIVED

AUG 10 2011

BY: OLWR

