

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)

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County: George
 Permit #: _____
 Driller: Michael Fryfogle
 Date drilling completed: 09/17/2021

For Office Use Only:

Well #: _____
 Aquifer: F 176
 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>Gary Ellis</u>	Latitude: <u>30.8369320</u> Longitude: <u>-88.6770040</u>
Mailing Address: <u>5244 River 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>NE</u> ¼ <u>NW</u> ¼, Sec <u>34</u> T <u>2S</u> R <u>7W</u>
City State Zip Code	<u>7.42</u> Miles <u>SW</u> of <u>Lucedale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>09/17/2021</u> Date drilling completed: <u>09/17/2021</u> Hole depth: <u>120</u> Hole diameter: <u>4 1/4</u>
Location of the source of any surface water used for drilling: <u>None</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> 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>70</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>09/17/2021</u> (check one)
Method of measurement (check one): Steel tape _____ Electric tape _____ Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: <u>120</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>110</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch40</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>SS</u>
Screen slot size: <u>.06</u> inches Setting depth: From <u>110</u> feet to <u>120</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>

