

248

# 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)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: G 246  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells, Inc.  
Date drilling completed: 6-5-20

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Pierce Water Well</u>	Latitude: <u>30° 50' 39.30"</u> Longitude: <u>088° 33' 57.12"</u>
Mailing Address: <u>Cooks Corner Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale</u> City, <u>MS</u> State, <u>391452</u> Zip Code	<u>5</u> <sup>SE</sup> <sub>NE</sub> Miles <u>SE</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 947-4548</u>	<u>5</u> <sup>SE</sup> <sub>NE</sub> 1/4, Sec <u>2627</u> T <u>2s</u> R <u>6w</u>

**Well / Borehole Data**

Date drilling started: 6-1-20 Date drilling completed: 6-5-20 Hole depth: 308 FT Hole diameter: 4"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal Per 1000 Drilling 2 gal in Well

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

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle 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: 135 feet [above or below (circle one)] land surface Date measured: 6-5-20

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 308 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 278 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 278 feet to 308 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

*If telescoped or more than one screen, describe on next page*

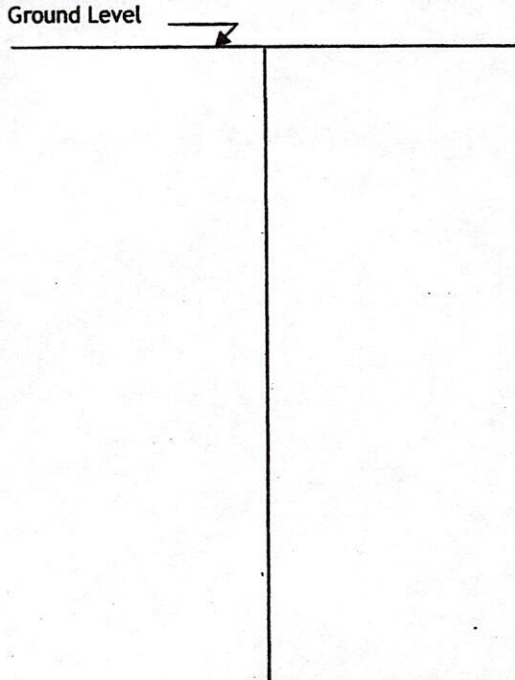
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JUL 6 2020  
BY OLWR

County: George  
 Permit #: \_\_\_\_\_

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 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

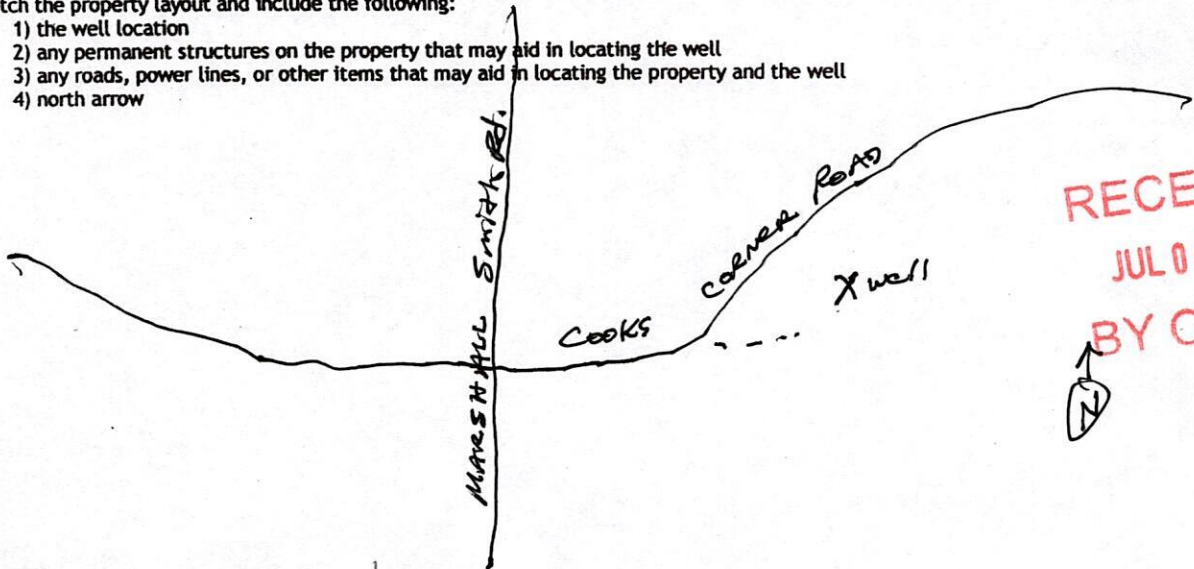


If more than one screen, show location of each on sketch

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)
Top Soil	Ground level	2
Orange Clay	2	15
Orange Coarse Sand	15	80
Blue Clay	80	210
Gray Coarse Sand	210	308

- 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



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Landowner Name: Pierce Water Well

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.

Jack Ridadell 0-472      6/15/20  
 Print Name of Responsible Licensee and License No.      Date

*Jan Ridadell*  
 Signature of Licensee