

# STATE WELL REPORT

## Part 1 Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
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Jackson, MS 39225-2309  
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(601)961-5228 (fax)

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**RECEIVED**  
10-11-2021  
**BY OLWR**

**For Office Use Only:**  
Well #: \_\_\_\_\_  
Aquifer: G 251  
E-Log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: Michael Fryfogle  
Date drilling completed: 09/26/2021

*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>Ron McMillan</u>	Latitude: <u>30.8865130</u> Longitude: <u>-88.6180860</u>
Mailing Address: <u>174 Saddleback 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>SE</u> ¼, Sec <u>7</u> T <u>2S</u> R <u>6W</u>
City                                      State                                      Zip Code	<u>3</u> Miles <u>SE</u> of <u>Lucedale</u>
Telephone No. (____) _____	(Distance)                      (Direction)                      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 09/26/2021    Date drilling completed: 09/26/2021    Hole depth: 85    Hole diameter: 7 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: 35 feet [ above or  below ] land surface    Date measured: 09/26/2021  
(check one)

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

Well depth: 85    Well grouted to a depth of: 10 feet    Type of grout (check one): Neat Cement    Bentonite     Mix

Casing length: 75 feet    Casing diameter: 4 inches    Type of casing: Sch40

Screen length: 10 feet    Screen diameter: 4 inches    Type of screen: Wrap

Screen slot size: .08 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*

