

Does not need Part 2

# 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 #: J103  
Aquifer: \_\_\_\_\_  
E-Log #: J-0103

County: GEORGE  
Permit #: \_\_\_\_\_  
Driller: MS OFFICE OF GEOLOGY  
Date drilling completed: 4/19/2017

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.

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MAY 10 2017

BY OLWR

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: PASCAGOULA WMA WILKERSON FERRY #1	Latitude: 30 48'55.6"N Longitude: 88 44'52"W
Mailing Address: 1505 EASTOVER DR	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City: JACKSON State MS Zip Code 39211	SW 1/4, NW 1/4 Sec <u>37</u> T 35 R 8W
Telephone No. (601) 947-6376	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4/17/2017 Date drilling completed: 4/19/2017 Hole depth: 350' Hole diameter: 5.5"

Location of the source of any surface water used for drilling: PASCAGOULA RVR

Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER

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

Name of organization running log(s): MDEQ/OFFICE OF GEOLOGY

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  
Seismic Survey Other (describe) WILKERSON FERRY #1

*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: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 350 Well grouted to a depth of: 350 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: \_\_\_\_\_

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle 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*

County: GEORGE

Permit #: \_\_\_\_\_

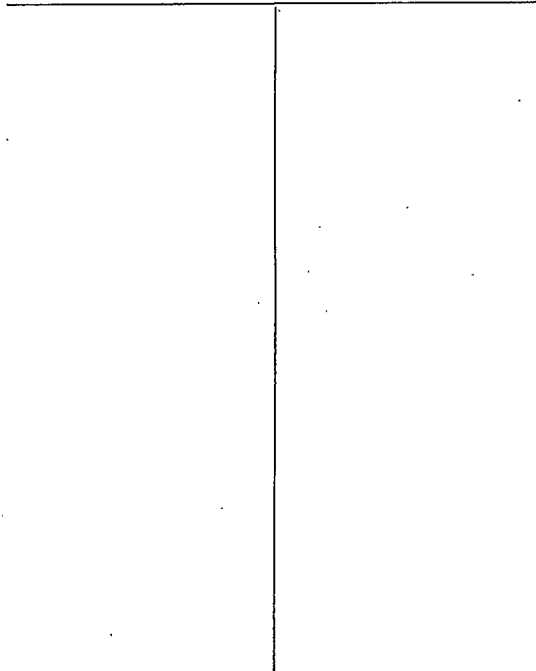
**For Office Use Only:**

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

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) Ground level	To (depth)
SILTY CLAY	0	15
SAND	15	34
GRAVEL	34	40
SAND	40	45
BLUE-GREEN CLAY	45	116
LIGNITE	116	117
GREY CLAY	117	140
BLUE/GREEN CLAY	140	202
SAND	202	255
CLAY	255	260
SAND W GRAVEL	260	275
SILTY CLAY	275	334
SAND	334	350

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) north arrow

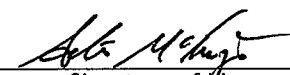
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Landowner Name: \_\_\_\_\_

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.

ARCHIE MCKENZIE UNR-555  
Print Name of Responsible Licensee and License No.

5/9/2017  
Date

  
Signature of Licensee