

STATE WELL REPORT

177

County: George
 Permit #: _____
 Driller: Michael Fryfogle
 Date drilling completed: 11/18/2021

**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)

For Office Use Only:
 Well #: L 282
 Aquifer: _____
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Billy Anderson</u> Mailing Address: <u>3151 Basin refuge Rd</u> <u>Lucedale</u> <u>Ms</u> <u>39452</u> City State Zip Code Telephone No. (____) _____	Well or Borehole Location Latitude: <u>30.8218750</u> Longitude: <u>-88.6077040</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ USGS quad _____, <u>NE</u> 1/4 <u>MW</u> 1/4, Sec <u>5</u> T <u>3S</u> R <u>6W</u> <u>7.20</u> Miles <u>SE</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)
---	---

Well / Borehole Data
 Date drilling started: 11/18/2021 Date drilling completed: 11/18/2021 Hole depth: 118 Hole diameter: 4 1/2
 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: 50 feet [above or below] land surface Date measured: 11/18/2021
 (check one)
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: _____ Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 108 feet Casing diameter: 2 inches Type of casing: Sch40
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: Wrap
 Screen slot size: .08 inches Setting depth: From 108 feet to 118 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

County: George
 Permit #: _____

RECEIVED
 11-30-2021
BY OLWR

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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)
Clay	Ground level	18
Sand	18	40
Clay	40	60
Mix	60	75
Sand	75	80
Mix clay	80	95
Good sand	95	118

- 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



Landowner Name: Billy Anderson

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.

Michael Fryfogle 0408 11/22/2021
 Print Name of Responsible Licensee and License No. Date



Michael Fryfogle
 Signature of Licensee