

# 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)

127

County: George  
Permit #: \_\_\_\_\_  
Driller: Michael Fryfogle  
Date drilling completed: 10/15/2021

**For Office Use Only:**  
Well #: L 283  
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Latner Naramoore</u>	Latitude: <u>30.7593250</u> Longitude: <u>-88.5385130</u>
Mailing Address: <u>1172 Stonecypher 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>SW 1/4 NE 1/4</u> , Sec <u>25</u> T <u>3S</u> R <u>6W</u>
City                                      State                                      Zip Code	<u>11.8</u> Miles <u>SE</u> of <u>Lucedale</u>
Telephone No. (____) _____	(Distance)                      (Direction)                      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10/15/2021 Date drilling completed: 10/15/2021 Hole depth: 180 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: 80 feet [ above or  below ] land surface    Date measured: 10/15/2021  
(check one)

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

Well depth: 180 Well grouted to a depth of: 10 feet    Type of grout (check one): Neat Cement    Bentonite  Mix

Casing length: 170 feet    Casing diameter: 2 inches    Type of casing: Sch40

Screen length: 10 feet    Screen diameter: 2 inches    Type of screen: Wrap

Screen slot size: .06 inches    Setting depth: From 170 feet to 180 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

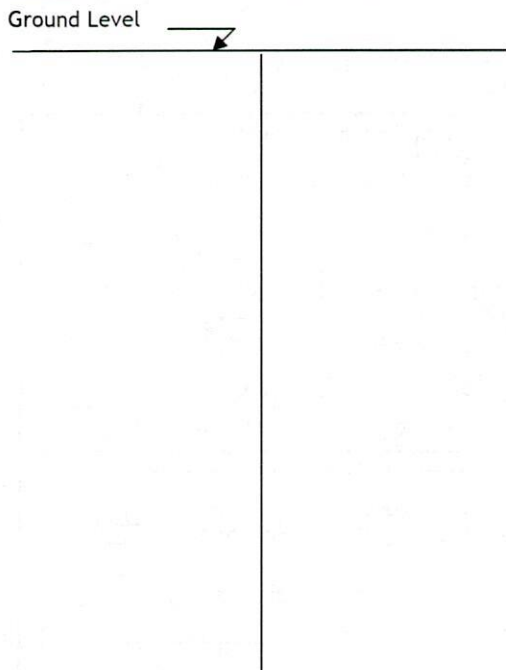
*If telescoped or more than one screen, describe on next page*

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



**For Office Use Only:**  
Well #: \_\_\_\_\_

*The sketch below only required for water wells  
If well telescopes, show depths 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)
Mix	Ground level	12
Sand	12	25
Blue clay	25	125
Mix silt	125	140
Coarse brown sand	140	180

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



Landowner Name: Latner Naramoore

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  
Print Name of Responsible Licensee and License No.

10/16/2021  
Date



Michael Fryfogle  
Signature of Licensee