

STATE WELL REPORT

153

County: George
 Permit #: _____
 Driller: Michael Fryfogle
 Date drilling completed: 11/20/2021

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 #: M 253
 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>Jane Fineburg</u> | Latitude: <u>30.8022660</u> Longitude: <u>-88.5017020</u> |
| Mailing Address: <u>153 Corley 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</u> 1/4 <u>ME</u> 1/4, Sec <u>8</u> T <u>3S</u> R <u>5W</u> |
| City State Zip Code | <u>10</u> Miles <u>SE</u> of <u>Lucedale</u> |
| Telephone No. (____) _____ | (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 11/20/2021 Date drilling completed: 11/20/2021 Hole depth: 100 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: _____

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): Farm

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 40 feet [above or below] land surface Date measured: 11/20/2021
(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: 10 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 90 feet to 100 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

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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) | To (depth) |
|---------------------------------------|--------------|------------|
| Mix | Ground level | 15 |
| Clay | 15 | 30 |
| Sand | 30 | 45 |
| Clay | 45 | 48 |
| Sand | 48 | 100 |
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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: Jane Fineburg

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. | 11/22/2021 Date | Michael Fryfogle Signature of Licensee |
|---|--------------------|---|