

STATE WELL REPORT

310

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Michael Fryogle  
Date drilling completed: 11/02/2021

**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 21  
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.

<b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i>			<b>Well or Borehole Location</b>		
Owner Name: <u>Derk Turner</u>			Latitude: <u>31.2326520</u> Longitude: <u>-88.4564130</u>		
Mailing Address: _____			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Leakesville</u>	<u>Ms</u>	<u>39451</u>	<u>SW</u> 1/4 <u>SE</u> 1/4, Sec <u>11</u> T <u>3N</u> R <u>5W</u>		
City	State	Zip Code	<u>8.00</u> Miles <u>NE</u> of <u>Leakesville</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 11/02/2021 Date drilling completed: 11/02/2021 Hole depth: 85 Hole diameter: 5

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): Hand pump

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

Static Water Level: 60 feet [ above or  below ] land surface Date measured: 11/02/2021  
(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: 80 feet Casing diameter: 2 inches Type of casing: Sch40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: Wrap

Screen slot size: .10 inches Setting depth: From 80 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*

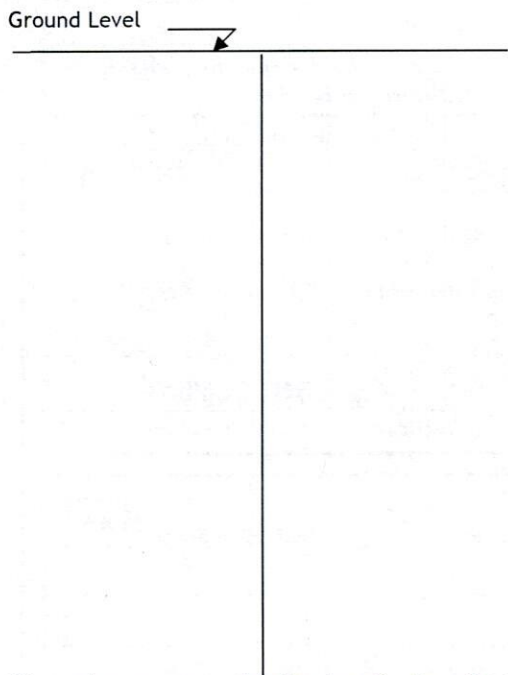
County: Greene  
Permit #: \_\_\_\_\_



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

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

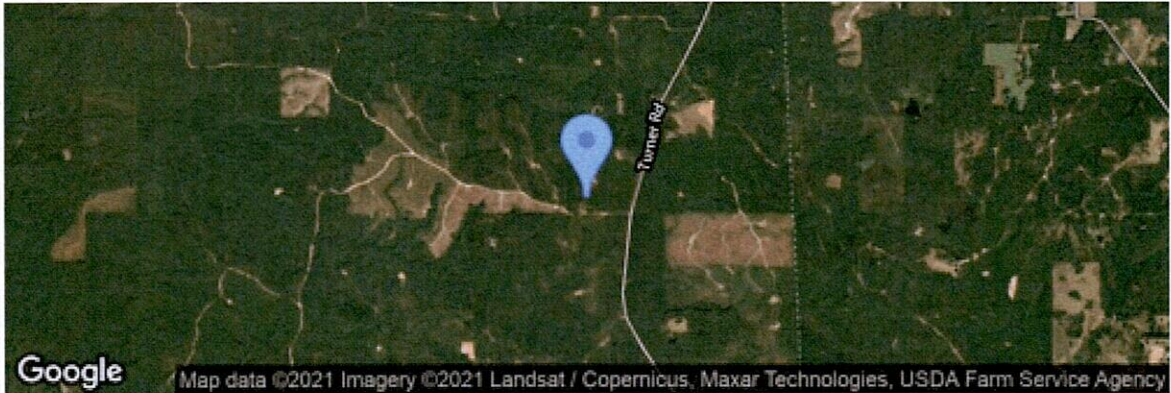
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Mix	Ground level	12
Sand	12	40
Clay	40	58
Sand	58	85

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: Derk Turner

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      11/05/2021  
Print Name of Responsible Licensee and License No.      Date



Michael Fryfogle  
Signature of Licensee