

# STATE WELL REPORT

203

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael Fryfogle  
 Date drilling completed: 10/19/2021

**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 #: 053  
 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>Seth Walters</u>	Latitude: <u>31.1261830</u> Longitude: <u>-88.6424610</u>
Mailing Address: <u>28042 Hwy 57</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Leakesville</u> Ms <u>39451</u>	<u>NW</u> <u>ME</u> <u>24</u> T <u>2N</u> R <u>7W</u>
City State Zip Code	<u>5.4</u> Miles <u>W</u> of <u>Leakesville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10/19/2021 Date drilling completed: 10/19/2021 Hole depth: 115 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: 85 feet [ above or  below ] land surface Date measured: 10/19/2021  
(check one)

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

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement  Bentonite  Mix

Casing length: 105 feet Casing diameter: 2 inches Type of casing: Sch 40

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

Screen slot size: .06 inches Setting depth: From 105 feet to 115 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*

