

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)

For Office Use Only:

Well #: P95

Aquifer: _____

E-Log #: _____

elev 100

RECEIVED

02-01-2022

BY OLWR

County: Greene
Permit #: _____
Driller: Michael Fryfogle
Date drilling completed: 10/13/2021

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>	Well or Borehole Location
Owner Name: <u>Michael Fryfogle</u>	Latitude: <u>31.0921620</u> Longitude: <u>-88.6076800</u>
Mailing Address: <u>436 Rolland Brewer Rd</u>	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>39452</u>	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>32</u> T <u>2N</u> R <u>6W</u>
City State Zip Code	<u>5.32</u> Miles <u>SW</u> of <u>Leakesville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/13/2021 Date drilling completed: 10/13/2021 Hole depth: 120 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: 20 feet [above or below] land surface Date measured: 10/13/2021
(check one)

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 110 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 110 feet to 120 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

