

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)

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

For Office Use Only:

Well #: P 96
Aquifer: _____
E-Log #: _____

RECEIVED

11-16-2021

BY OLWR

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>SE</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: <u>10/13/2021</u>	Date drilling completed: <u>10/13/2021</u> Hole depth: <u>120</u> Hole diameter: <u>4 1/2</u>
Location of the source of any surface water used for drilling: <u>None</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (check all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>10/13/2021</u> (check one)	
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> Other (describe): _____	
Well depth: _____ Well grouted to a depth of: <u>10</u> feet Type of grout (check one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>110</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch40</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Wrap</u>	
Screen slot size: <u>.06</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet	
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

