

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: ~~George~~ **GREENE**
Permit #: _____
Driller: **Michael Fryfogle**
Date drilling completed: **08/22/2021**

For Office Use Only:

Well #: **T88**
Aquifer: _____
E-Log #: _____

RECEIVED

09-10-2021

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: Chason Anderson	Latitude: 31.0013700 Longitude: -88.6088590
Mailing Address: 1812 Allen Rd	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Lucedale Ms 39452	SW ¼ SE ¼, Sec 32 T 1N R 6W
City State Zip Code	5.32 Miles SE of Lucedale
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 08/22/2021 Date drilling completed: 08/22/2021 Hole depth: 100 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 <input checked="" type="checkbox"/> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey 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 Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 60 feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: 08/22/2021 (check one)
Method of measurement (check one): Steel tape Electric tape Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: 90 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 90 feet to 100 feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

