Greene

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# 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
Permit #:
Driller: Michael Fryfogle
Date drilling completed: 08/22/2021

**For Office Use Only:**
Well #: T 89
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**
*(Landowner if borehole is not for a water well)*

Owner Name: Zachary Anderson
Mailing Address: 2042 Allen Rd

Lucedale | Ms | 39452
City | State | Zip Code

Telephone No. (____) ____

**Well or Borehole Location**

Latitude: 31.0011860 Longitude: -88.6109560

Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ☑, Survey-grade GPS____

SW ¼ SE ¼, Sec 32 T 1N R 6W

5.38 Miles (*Distance*) SE (*Direction*) of Lucedale (*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 ☑ 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: 45 feet [ above or ☑ below] land surface (check *one*) Date measured: 08/22/2021

Method of measurement (check *one*): Steel tape Electric tape Air line ☑ Other (*describe*): ____

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (check *one*): Neat Cement Bentonite ☑ Mix

Casing length: 90 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 90 feet to 100 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***

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Form: OLWR-SWR-1A (*4/13*)

County: George

Permit #: _____

**For Office Use Only:**

Well #: _____

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***

Ground Level

If more than one screen, show location of each 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 | 15 |
| Sand | 15 | 30 |
| Blue clay | 30 | 80 |
| Sand | 80 | 100 |
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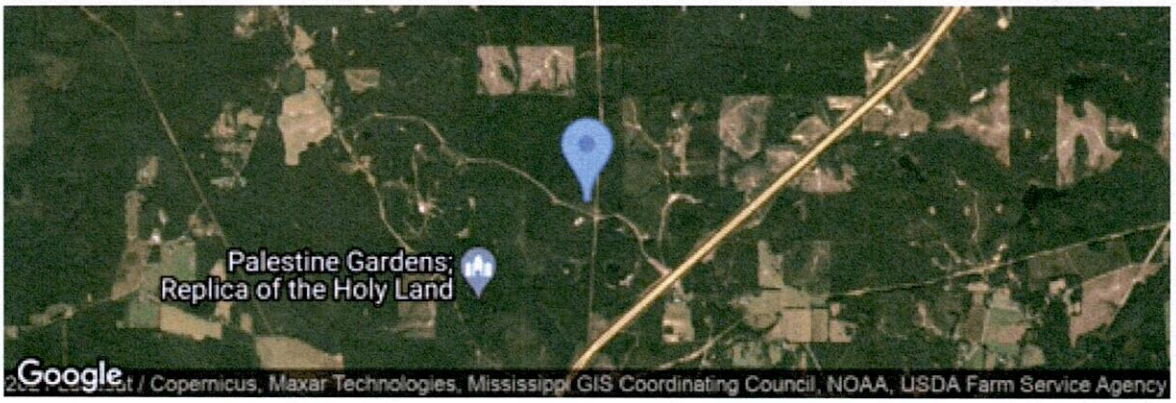
Sketch the property layout and include the following:

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: Zachary Anderson

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 | 08/23/2021 | Michael Fryfogle |
|---|---|---|
| Print Name of Responsible Licensee and License No. | Date | Signature of Licensee |

Form: OLWR-SWR-1B (*4/13*)