

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
(601)961- 5210
(601)961- 5228 (fax)

County: Hancock
 Permit #: -
 Driller: Peter Wright
 Date drilling completed: 9/16/16

For Office Use Only:
 Aquifer: H60
 Well #: _____
 L. S. Elevation: _____
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>NASA</u> Mailing Address: <u>Stennis Space Center</u> <u>Stennis Space Center, MS 39522</u> City State Zip Code Telephone No. <u>(228) 813-4000</u>	Well or Borehole Location <u>B-5</u> Latitude: <u>30° 21' 39.1"</u> Longitude: <u>89° 35' 52.6"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓ <u>NE 1/4 SE 1/4</u> Sec <u>9</u> Twn <u>8S</u> Rng <u>16W</u> Distance Direction Nearest Town _____ Miles _____ of _____
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Well / Borehole Data

Date drilling started: 9/16/16 Date drilling completed: 9/16/16 Hole depth: 50 ft Hole diameter: 1.44-in
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: CPT
 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 one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: Geotech
 If a flowing well, method of flow regulation: Valve ___ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____
 Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
 Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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***

Form: OLWR-SWR-1A (04/08)

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OCT 24 2016
BY OLWR

