

Does not need Part 2

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: D0099
Aquifer: _____
E-Log #: D-0099

County: HARRISON
Permit #: _____
Driller: MS OFFICE OF GEOLOGY
Date drilling completed: 4/7/2015

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: DeSoto National Forest	Latitude: 30 35'39" Longitude: 88 58'55"
Mailing Address: 19595 Desoto Park Rd	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City: SAUCIER State MS Zip Code 39574	NW 1/4 SW 1/4, Sec 22 T 5S R 10W
Telephone No. (601) 528-6160	<u>9</u> Miles <u>SE</u> of SAUCIER (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4/6/2015 Date drilling completed: 4/7/2015 Hole depth: 300' Hole diameter: 5"

Location of the source of any surface water used for drilling: TUXACHANIE CREEK

Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Name of organization running log(s): MDEQ/OFFICE OF GEOLOGY

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) DESOTO#4

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle 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: _____ feet [above or below] land surface Date measured: _____
(circle one)

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

Well depth: 300 Well grouted to a depth of: 300 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 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

For Office Use Only:

Well #: D

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)
SILTY CLAY		0	20
CLAY-PURPLE TINT		20	60
GREY CLAY		60	90
GREY/GREEN CLAY		90	134
FINE SAND		134	150
GREY/GREEN CLAY		150	150
GREY/GREEN CLAY		150	220
FINE SAND COURSENING TO BTM		220	246
GREY/GREEN CLAY		246	300

County: HARRISON

Permit #: _____

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

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: _____

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.

ARCHIE MCKENZIE UNR-555

Print Name of Responsible Licensee and License No. _____

4/16/2015

Date _____

Archie McKenzie

Signature of Licensee _____