

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 #: G 552
Aquifer: _____
E-Log #: _____

P2

County: Harrison
Permit #: MSGW-17126
Driller: Lynar Well
Date drilling completed: 2/11/2015

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>MAOT</u>	Latitude: <u>30° 31' 43.21"</u> Longitude: <u>89° 06' 44.10"</u>
Mailing Address: <u>16499-B</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hwy 49</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Saucier MS</u> <u>39571-9740</u>	<u>NW 1/4 NE 1/4</u> , Sec <u>17</u> T <u>6S</u> R <u>11W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. (<u>228</u>) <u>832-0682</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1/12/2015</u> Date drilling completed: <u>2/11/2015</u> Hole depth: <u>857</u> Hole diameter: <u>10x6</u>
Location of the source of any surface water used for drilling: <u>NA</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" 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): <u>Teaco Elog on Test Well 047G-0551</u>
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> 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 (circle all applicable): Home Industrial <input checked="" type="radio"/> Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>23</u> feet [above or below] land surface Date measured: <u>2/16/2015</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="radio"/> Electric tape <input checked="" type="radio"/> Air line Other (describe): _____
Well depth: <u>855</u> Well grouted to a depth of: <u>805</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="radio"/> Mix
Casing length: <u>805</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>Steel</u>
Screen length: <u>40</u> feet Screen diameter: <u>4x6</u> inches Type of screen: <u>manipal</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>815</u> feet to <u>855</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>696</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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FEB 19 2015
BY: OLWR

*Well probably has a MSD# - Not issued yet,
Jan 6-23-15*

County: _____

Permit #: GW 17126

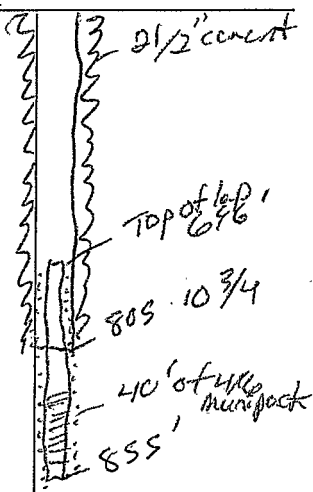
For Office Use Only:

Well #: G 552

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
Sand	Ground level	30
Clay	30	240
Sand	240	270
Clay	270	300
Coarse sand	300	390
Clay	390	410
Sand	410	440
Clay	440	700
Sand	700	718
Clay	718	805
Sand	805	855

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

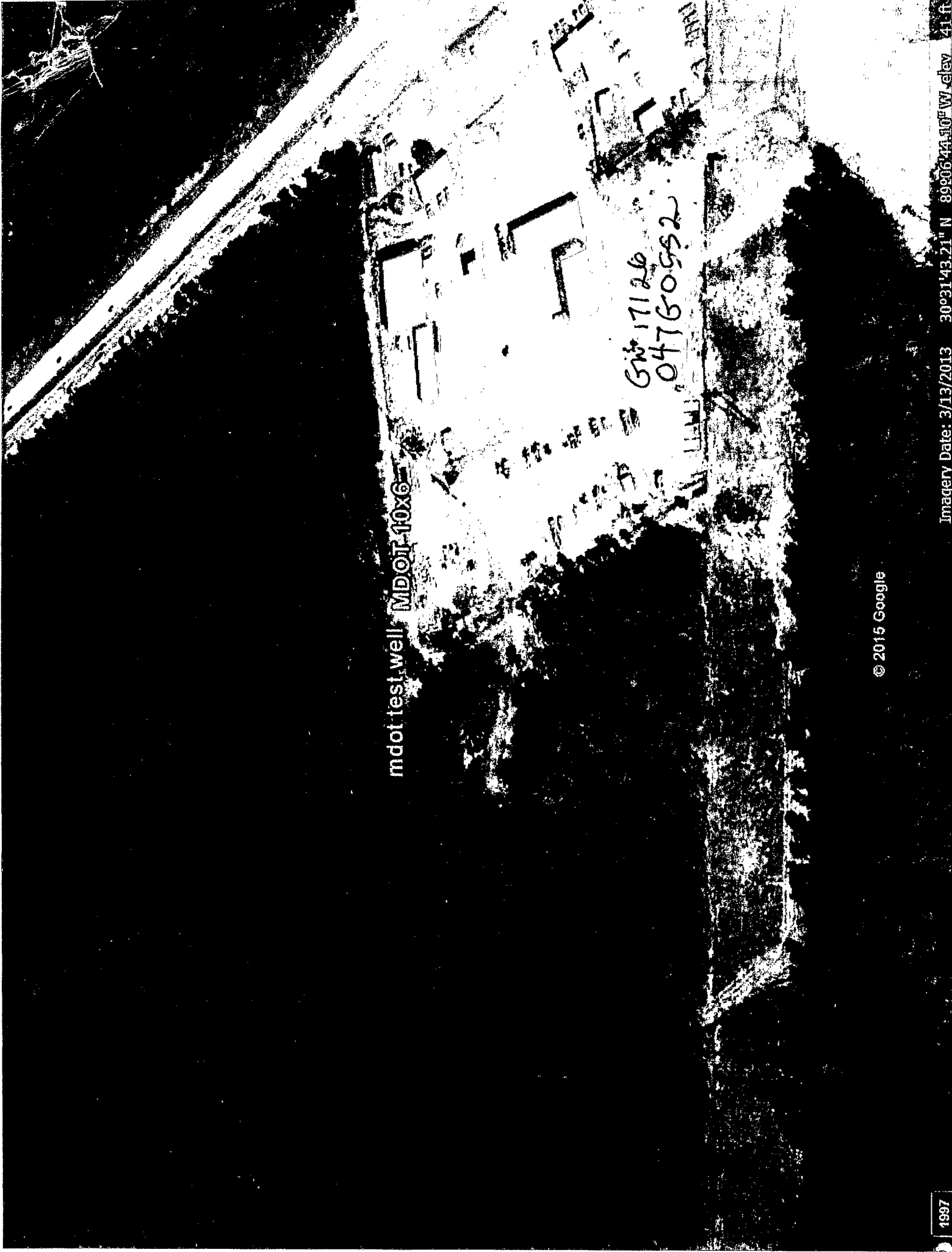
See Map

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Landowner Name: MDOT

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.

Josh Ladner 0-640 2/17/2015
 Print Name of Responsible Licensee and License No. Date Signature of Licensee



mdot test well MDOT-10X6

GW 17126
04760552

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Imagery Date: 3/13/2013 30°31'43.21" N 89°06'44.10" W elev 41 ft