

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 #: 0410
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: _____
Driller: David Brewer Drilling
Date drilling completed: 12/20/14

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)	Well or Borehole Location
Owner Name: <u>Mr. Shields</u>	Latitude: <u>30.355994</u> Longitude: <u>89.230689</u>
Mailing Address: <u>23390 Woodland Way</u>	<u>30-21-22</u> <u>89-13-50</u> Method of Lat/Long (check one): Conventional Survey _____
<u>Pass Christian, MS 39571</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4, Sec 7 T 8S R 12W</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12/18/14 Date drilling completed: 12/20/14 Hole depth: 230' Hole diameter: 4"

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: N/A

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

Name of organization running log(s): _____

Purpose of borehole (circle 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 (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: _____ 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 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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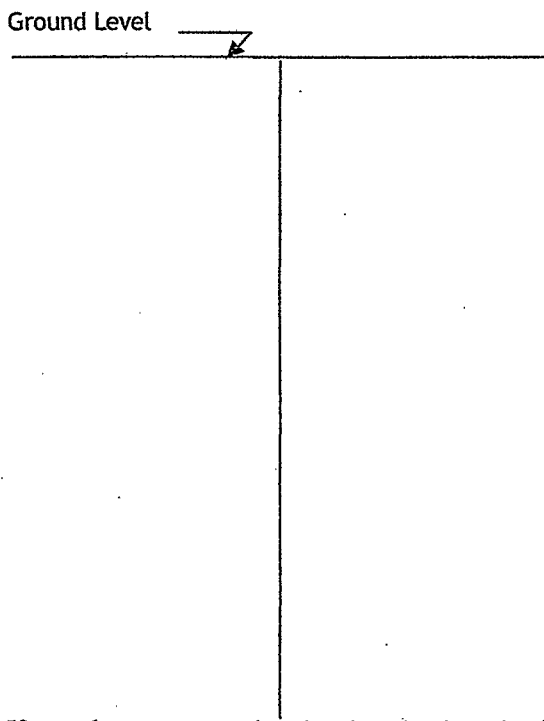
JAN 16 2015

County: Harrison
 Permit #: _____

For Office Use Only:
 Well #: 0410

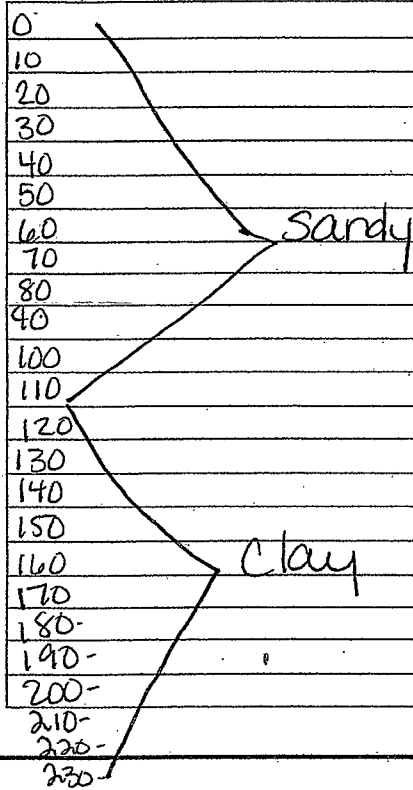
The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

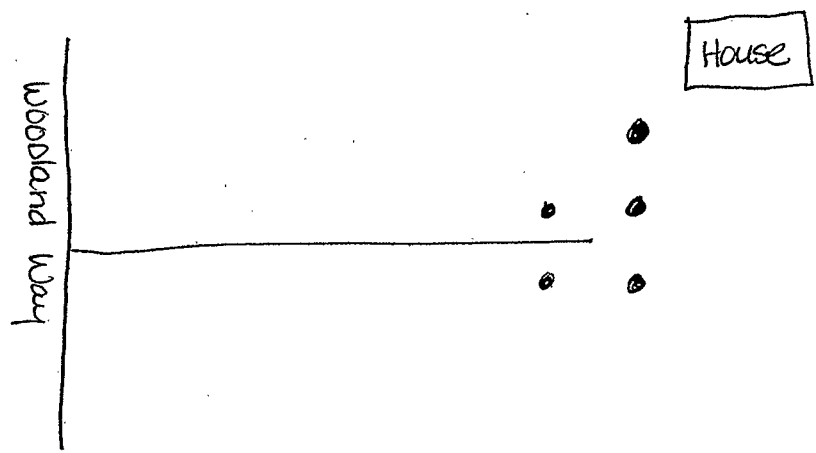
Description of Formations Encountered	From (depth) Ground level	To (depth)
	0	
	10	
	20	
	30	
	40	
	50	
	60	
	70	
	80	
	90	
	100	
	110	
	120	
	130	
	140	
	150	
	160	
	170	
	180	
	190	
	200	
	210	
	220	
	230	



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



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 BY: OLWR
 • = hole drilled

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.

David Brewer RGD-00006360
 Print Name of Responsible Licensee and License No.

1-13-15
 Date

David Brewer
 Signature of Licensee