

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 #: A 91  
Aquifer: \_\_\_\_\_  
E-Log #: A-0091 \_\_\_\_\_

County: HUMPHREYS \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Driller: MS OFFICE OF GEOLOGY  
Date drilling completed: 10/11/16

*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: SKY LAKE WMA	Latitude: 33 17'04" Longitude: 90 28'57"
Mailing Address: 1692 OLD LAKE RD	Method of Lat/Long (check one): Conventional Survey,
City: BELZONI State MS Zip Code 39038	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. (662) 247-2613	NW/4, NW/4 Sec 35 T 17N R 3W
<u>SKY LAKE WMA Well #1</u>	_____ E _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10/10/16 Date drilling completed: 10/11/16 Hole depth: 105' Hole diameter: 5.5"

Location of the source of any surface water used for drilling: SKY LAKE

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/GEOLOGY

Purpose of borehole (circle one): MONITOR Well Geotechnical/Geological Investigation Ground Source Heat Pump  
Seismic Survey Other (describe) M

*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): SKY LAKE WMA MONITOR Well #1 \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 22' feet [above or below] land surface Date measured: 10/12/16 \_\_\_\_\_  
(circle one)

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

Well depth: 105 feet Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 2 inches Type of casing: PVC \_\_\_\_\_

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC \_\_\_\_\_

Screen slot size: .012 inches Setting depth: From 95 feet to 105 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*

County: HUMPHREYS

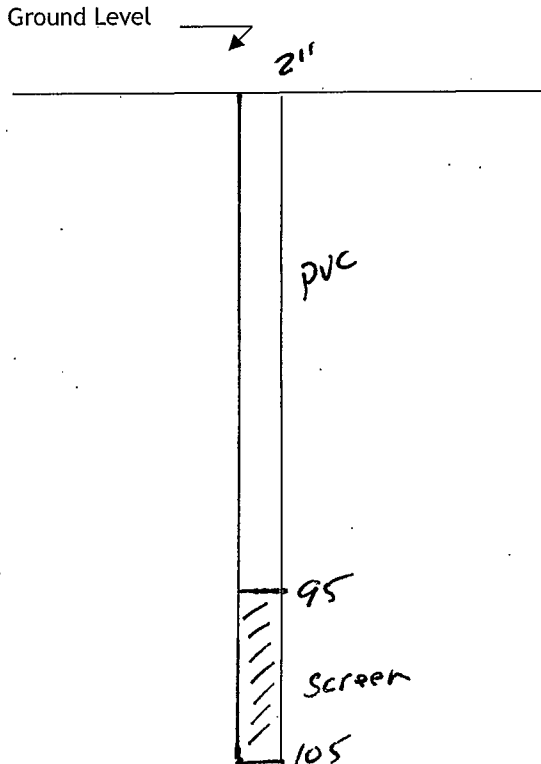
Permit #: \_\_\_\_\_

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Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
CLAY	Ground level	8
SAND	8	65
CRS SAND & PEA GRAVEL	65	75
LARGE GRAVEL	75	105

Landowner Name: SKY LAKE WMA



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.

11/1/16  
Date

  
Signature of Licensee