

# 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 #: 0224  
Aquifer: \_\_\_\_\_  
E-Log #: C-0224 \_\_\_\_\_

County: HUMPHREYS \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Driller: MS OFFICE OF GEOLOGY  
Date drilling completed: 11/15/16

**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: BILLY ROGERS	Latitude: 33 14'57.8"N Longitude: 90 30'54.6" W
Mailing Address: 308 DEOVOLENTE ROAD	Method of Lat/Long <i>(check one)</i> : Conventional Survey,
City: BELZONI State MS Zip Code 39038	USGS quad , <input checked="" type="checkbox"/> Hand-held GPS , Survey-grade GPS
Telephone No. _____	SE/4,NW/4                      Sec 9            T 16N            R 3W
<input checked="" type="checkbox"/> WMA Well #6	_____ of _____ (Distance)                      (Direction)                      (Nearest Town)

Well / Borehole Data
Date drilling started: 11/14/16 Date drilling completed: 11/15/16 Hole depth: 90' Hole diameter: 6.5"
Location of the source of any surface water used for drilling: POND BY SITE
Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER
Logs run <i>(circle all applicable)</i> : No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): MDEQ/GEOLOGY
Purpose of borehole <i>(circle one)</i> : <input checked="" type="checkbox"/> MONITOR Well    Geotechnical/Geological Investigation    Ground Source Heat Pump Seismic Survey    Other <i>(describe)</i> _____
<b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>
Purpose of Well <i>(circle all applicable)</i> : Home    Industrial    Public Supply    Irrigation    Fish Culture
Other <i>(describe)</i> : WMA MONITOR Well #6 _____
If a flowing well, method of flow regulation: Valve _____ Other <i>(describe)</i> _____
Static Water Level: _____ feet [above or below land surface    Date measured: _____ <i>(circle one)</i>
Method of measurement <i>(circle one)</i> : Steel tape    Electric tape    Air line    Other <i>(describe)</i> : _____
Well depth: 90 feet    Well grouted to a depth of: 10 feet    Type of grout <i>(circle one)</i> : Neat Cement <input checked="" type="checkbox"/> Bentonite    Mix
Casing length: 80 _____ feet    Casing diameter: 4 _____ inches    Type of casing: PVC _____
Screen length: 10 _____ feet    Screen diameter: 4 _____ inches    Type of screen: PVC _____
Screen slot size: .010 _____ inches    Setting depth: From 80 _____ feet to 90 _____ feet
Type of completion <i>(circle all applicable)</i> : <input checked="" type="checkbox"/> Gravel packed    Underreamed    Open hole    Natural Development
Other <i>(describe)</i> : _____
Top of lap pipe or reduction in casing: _____ feet
<b><i>If telescoped or more than one screen, describe on next page</i></b>

County: HUMPHREYS

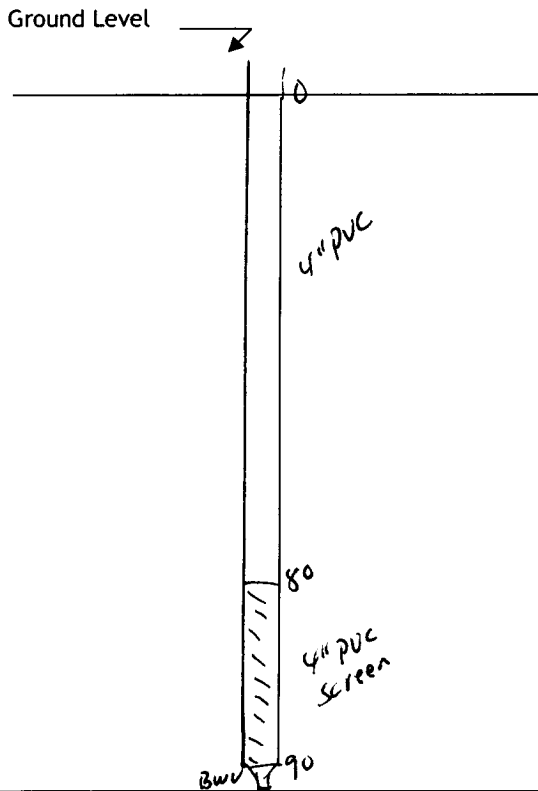
Permit #: \_\_\_\_\_

**For Office Use Only:**

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

**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)	To (depth)
CLAY & SAND STRIPS	Ground level	24
FINE SAND	24	50
MED- COARSE SAND	50	70
SAND & PEA GRAVEL	70	90

Landowner Name: BILLY ROGERS

33 14 57.8 N 90 30 54.6W

Old-US-Hwy-49W

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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.

12/2/16  
Date

  
Signature of Licensee