

16" WELL
D12CA21

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: H 118
Aquifer: _____
E-Log #: _____

County: HUMPHREYS
Permit #: MS-GW-50952
Driller: J. NEWCOME O-TT3
Date drilling completed: 1-9-20

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: <u>WILLIAM L. DILLARD CONSERVATION SHIP</u>	Latitude: <u>33° 01' 31.3"</u> Longitude: <u>90° 35' 50.4"</u>
Mailing Address: <u>2110 TRIBBETT ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>LELAND</u> MS <u>38756</u> City State Zip Code	<u>SE</u> ¼ <u>SW</u> ¼, Sec <u>27</u> T <u>14N</u> R <u>4W</u>
Telephone No. <u>(662) 827-2730</u>	<u>3</u> Miles <u>N</u> of <u>LOUISE, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1-9-20</u> Date drilling completed: <u>1-9-20</u> Hole depth: <u>123</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>DITCH</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TABLETS</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NO</u>
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: _____ (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>120'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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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APR 03 2020
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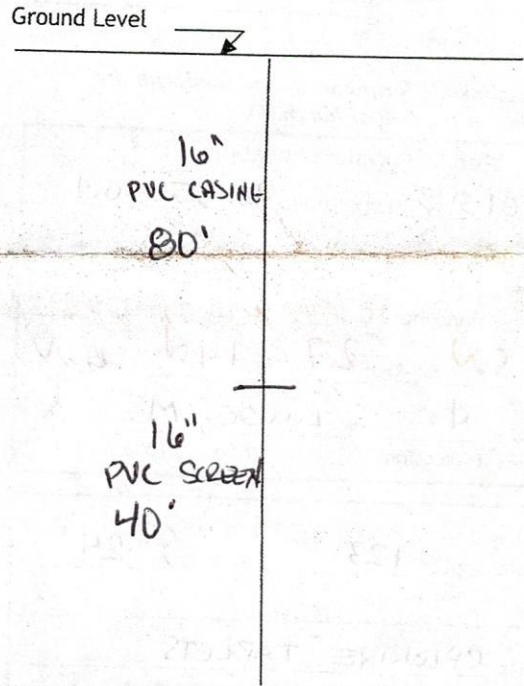
County: HUMPHREYS
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For Office Use Only:
Well #: _____

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	10
CLAY	10	50
CLAY/FINE SAND	50	55
FINE SAND	55	79
MED./COARSE SAND	80	120
CLAY	120	123

If more than one screen, show location of each on sketch

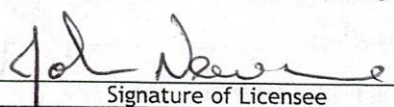
Sketch the property layout and include the following:
1) the well location
2) any permanent structures on the property that may aid in locating the well
3) any roads, power lines, or other items that may aid in locating the property and the well
4) north arrow

SEE MAP

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Landowner Name: _____

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.

JOHN NEWCOME 0-773 3-28-20 
Print Name of Responsible Licensee and License No. Date Signature of Licensee

DILLARD 16" WELL

N33 01' 31.3" W091 35' 50.4"

Legend

⊙ 16" well

⚡ Path Measure

⊙ 16" well

Afro Domingo Rd

149

2000 ft

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Google Earth

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