

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 #: C16A
Aquifer: _____
E-Log #: C-0164

County: Jackson
Permit #: _____
Driller: Office of Geo
Date drilling completed: 10/18/17

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>East Community Cen.</u>	Latitude: <u>30.648157</u> Longitude: <u>-88.535793</u>
Mailing Address: <u>4300 Hwy 614</u>	<u>30-38-56</u> <u>88-32-09</u> Method of Lat/Long (check one): Conventional Survey _____
<u>Hurley</u> <u>MS</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4</u> , Sec <u>36</u> T <u>45</u> R <u>6W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>W</u> of <u>Hurley</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10/16/17</u> Date drilling completed: <u>10/18/17</u> Hole depth: <u>110</u> Hole diameter: <u>5"</u>
Location of the source of any surface water used for drilling: <u>Fire Hydrant next to site</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal bleach per 1000 water</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____
Name of organization running log(s): <u>Office of Geology</u>
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> <u>Geotechnical/Geological Investigation</u> _____ 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 _____ 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: _____ <small>(circle one)</small>
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
<i>If telescoped or more than one screen, describe on next page</i>

