

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)

County: Jackson
Permit #: _____
Driller: Michael Fryfogle
Date drilling completed: 08/15/2021

For Office Use Only:

Well #: D469
Aquifer: _____
E-Log #: _____

RECEIVED
09-10-2021
BY OLWR

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>Robbie Morrison</u>	Latitude: 30.8720170 <u>30.654030</u> Longitude: -88.6562030 <u>88.510540</u>
Mailing Address: <u>6820 Hwy 614</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Moss Point</u> <u>Ms</u> <u>39562</u>	<u>NW</u> ¼ <u>SW</u> ¼, Sec 34 <u>32</u> T <u>4S</u> R <u>5W</u>
City State Zip Code	<u>1</u> Miles SE <u>SW</u> of <u>Hurley</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

location based on address

Well / Borehole Data

Date drilling started: 08/15/2021 Date drilling completed: 08/15/2021 Hole depth: 50 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: _____

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

Name of organization running log(s): _____

Purpose of borehole (check 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 (check 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: 15 feet [above or below] land surface Date measured: 08/15/2021
(check one)

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 50 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 2 inches Type of casing: Sch 40

Screen length: 5 feet Screen diameter: 2 inches Type of screen: Wrap

Screen slot size: .10 inches Setting depth: From 45 feet to 50 feet

Type of completion (check 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: Jackson
 Permit #: _____



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The sketch below only required for water wells
If well telescopes, show depths on sketch.

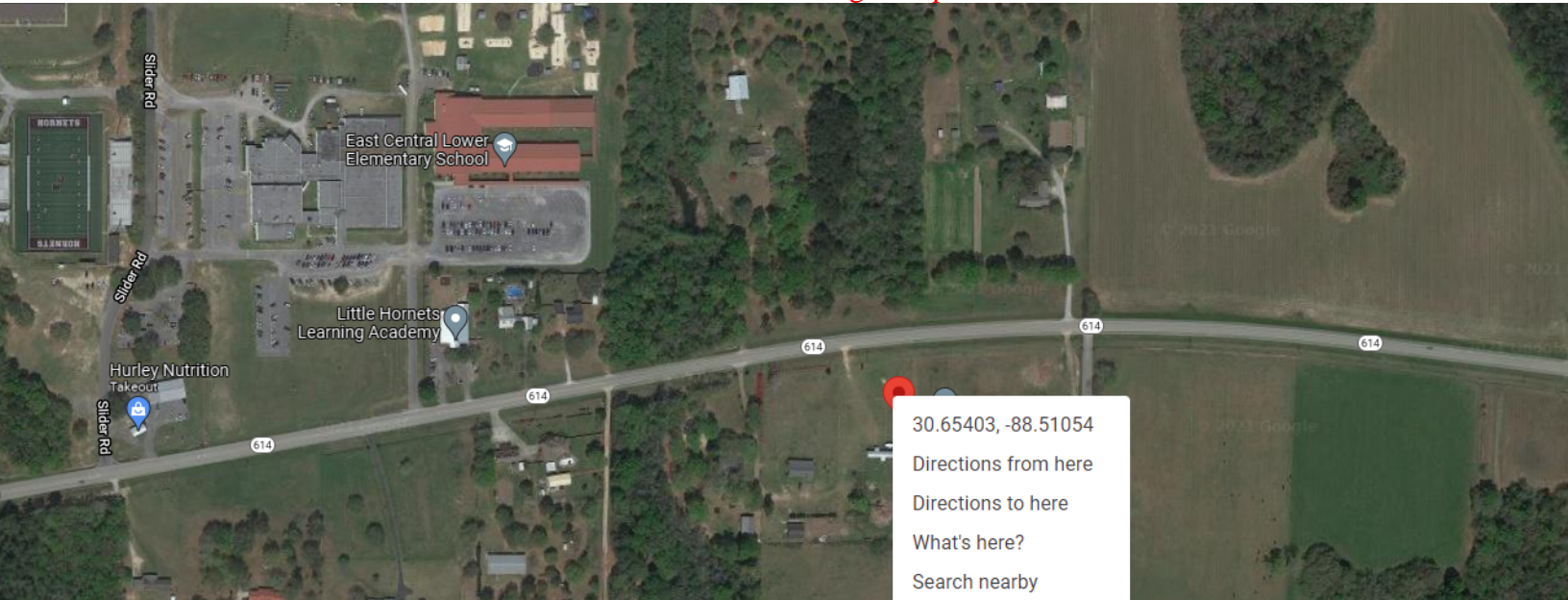
Ground Level →

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)
	Ground level	
Mix	0	15
Clay	15	36
Sand	36	50

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

Google map for address



Landowner Name: Robbie Morrison

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.

Michael Fryfogle 0408 09/03/2021
 Print Name of Responsible Licensee and License No. Date



Michael Fryfogle
 Signature of Licensee