

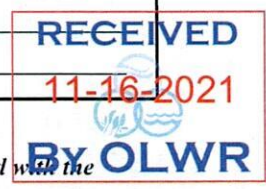
STATE WELL REPORT

109

County: Jackson
 Permit #: _____
 Driller: Michael Fryfogle
 Date drilling completed: 10/19/2021

**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 #: D 473
 Aquifer: _____
 E-Log #: _____



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>Jacob West</u>	Latitude: <u>30.7183230</u> Longitude: <u>-88.5142960</u>
Mailing Address: <u>25809 Hwy 613</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>7</u> T <u>4S</u> R <u>5W</u>
City State Zip Code	<u>4.6</u> Miles <u>NE</u> of <u>Hurley</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/19/2021 Date drilling completed: 10/19/2021 Hole depth: 90 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: 60 feet [above or below] land surface Date measured: 10/19/2021
(check one)

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

Well depth: 90 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement _____ Bentonite Mix _____

Casing length: 80 feet Casing diameter: 2 inches Type of casing: Sch 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Wrap

Screen slot size: .08 inches Setting depth: From 80 feet to 90 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

