95

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: 11/08/2021

For Office Use Only:
Well #: D 475
Aquifer:
E-Log #:

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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
(Landowner if borehole is not for a water well)

Owner Name: Orrin Hoffman
Mailing Address: PO Box 1152
Hurley (City) Ms (State) 39555 (Zip Code)
Telephone No. (____) ____

Well or Borehole Location

Latitude: 30.7302400 Longitude: -88.4688320
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS☑, Survey-grade GPS____
IR ¼ IR ¼, Sec 3 T 4S R 5W
5.5 Miles (*Distance*) NE (*Direction*) of Hurley (*Nearest Town*)

Well / Borehole Data

Date drilling started: 11/08/2021 Date drilling completed: 11/08/2021 Hole depth: 55 Hole diameter: 7 1/4
Location of the source of any surface water used for drilling: ____
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: 20 feet [above or ☑below] land surface (check *one*) Date measured: 11/08/2021
Method of measurement (check *one*): Steel tape Electric tape Air line☑ Other (*describe*): ____
Well depth:____ Well grouted to a depth of: 10 feet Type of grout (check *one*): Neat Cement Bentonite☑ Mix
Casing length: 45 feet Casing diameter: 4 inches Type of casing: Sch40
Screen length: 10 feet Screen diameter: 4 inches Type of screen: Wrap
Screen slot size: .08 inches Setting depth: From 45 feet to 55 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

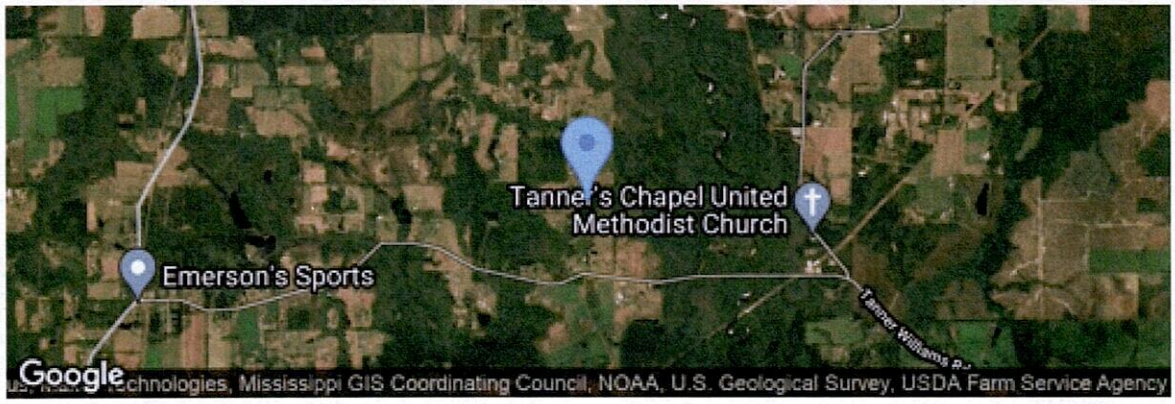
If more than one screen, show location of each on sketch

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*)
Mix	Ground level	12
Clay	12	40
Sand	40	55

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



Landowner Name: Orrin Hoffman

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	11/11/2021	Michael Fryfogle
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

Form: OLWR-SWR-1B (*4/13*)