

# STATE WELL REPORT

49



County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Michael Fryfogle  
 Date drilling completed: 09/23/2021

**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 #: \_\_\_\_\_  
 Aquifer: G 250  
 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>Rocky Scarborough</u>	Latitude: <u>30.6075770</u> Longitude: <u>-88.5633740</u>
Mailing Address: <u>2811 Lee Pierce Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale</u> <u>Ms</u> <u>39452</u>	<u>NW</u> ¼ <u>SW</u> ¼, Sec <u>14</u> T <u>5S</u> R <u>6W</u>
City                                      State                                      Zip Code	<u>2.40</u> Miles <u>S</u> of <u>Wade</u>
Telephone No. (____) _____	(Distance)                      (Direction)                      (Nearest Town)

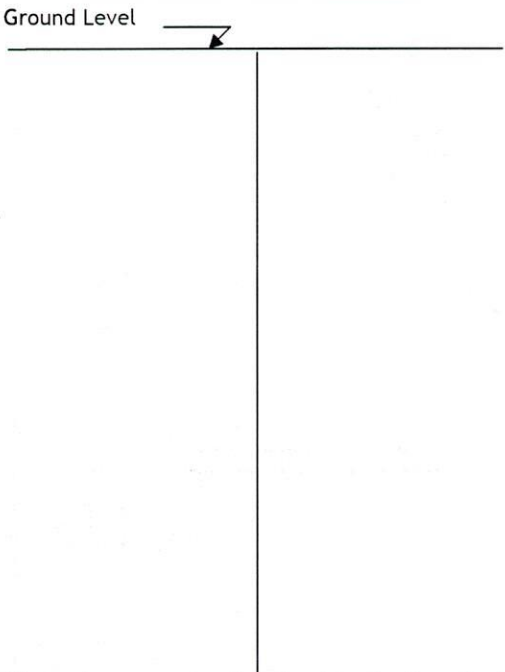
Well / Borehole Data
Date drilling started: <u>09/23/2021</u> Date drilling completed: <u>09/23/2021</u> Hole depth: <u>75</u> Hole diameter: <u>4 1/4</u>
Location of the source of any surface water used for drilling: <u>None</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): No log run <input checked="" type="checkbox"/> Electric    Gamma Ray    Density    Sonic    Neutron    Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation    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 (check all applicable): Home <input checked="" type="checkbox"/> Industrial    Public Supply    Irrigation    Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____    Other (describe) _____
Static Water Level: <u>30</u> feet [ above or <input checked="" type="checkbox"/> below ] land surface    Date measured: <u>09/23/2021</u> (check one)
Method of measurement (check one): Steel tape    Electric tape    Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: <u>75</u> Well grouted to a depth of: <u>10</u> feet    Type of grout (check one): Neat Cement    Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>65</u> feet    Casing diameter: <u>2</u> inches    Type of casing: <u>Sch40</u>
Screen length: <u>10</u> feet    Screen diameter: <u>2</u> inches    Type of screen: <u>Wrap</u>
Screen slot size: <u>.08</u> inches    Setting depth: From <u>65</u> feet to <u>75</u> feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> 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>

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**The sketch below only required for water wells**  
**If well telescopes, show depths 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) Ground level	To (depth)
Mix		22
Clay	22	34
Sand	34	75

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



Landowner Name: Rocky Scarborough

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  
Print Name of Responsible Licensee and License No.

09/24/2021  
Date



Michael Fryfogle  
Signature of Licensee