

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 #: G 254
 Aquifer: _____
 E-Log #: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 5-11-20

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)	Well or Borehole Location
Owner Name: <u>Sabrina Summerlin</u>	Latitude: <u>30° 36' 59.58"</u> Longitude: <u>088° 33' 23.46"</u>
Mailing Address: <u>Jr. Davis Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Miss Point, MS 39562</u>	<u>NW^{NE} NE^{NW} 1/4, Sec 14 T 55 R 6w</u>
City: _____ State: _____ Zip Code: _____	<u>2</u> Miles <u>South</u> of <u>Wade</u>
Telephone No. <u>(228) 217-5784</u>	(Distance) (Direction) (Nearest Town)

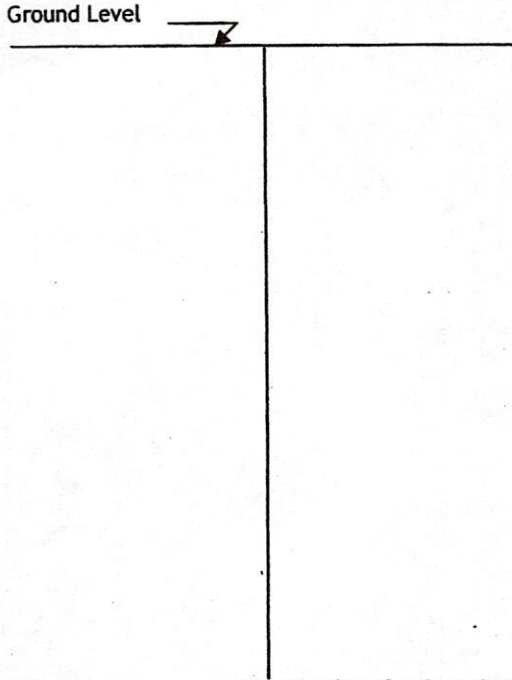
Well / Borehole Data	
Date drilling started: <u>5-11-20</u>	Date drilling completed: <u>5-11-20</u> Hole depth: <u>60 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal Per 1000 Drilling log in well</u>	
Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one) <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>5-11-20</u>	
Method of measurement (circle one): Steel tape <input type="radio"/> Electric tape <input type="radio"/> <input checked="" type="radio"/> Air line <input type="radio"/> Other (describe): _____	
Well depth: <u>60 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="radio"/> <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>50</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>50</u> feet to <u>60</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input checked="" type="radio"/> <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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 Well #: _____

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

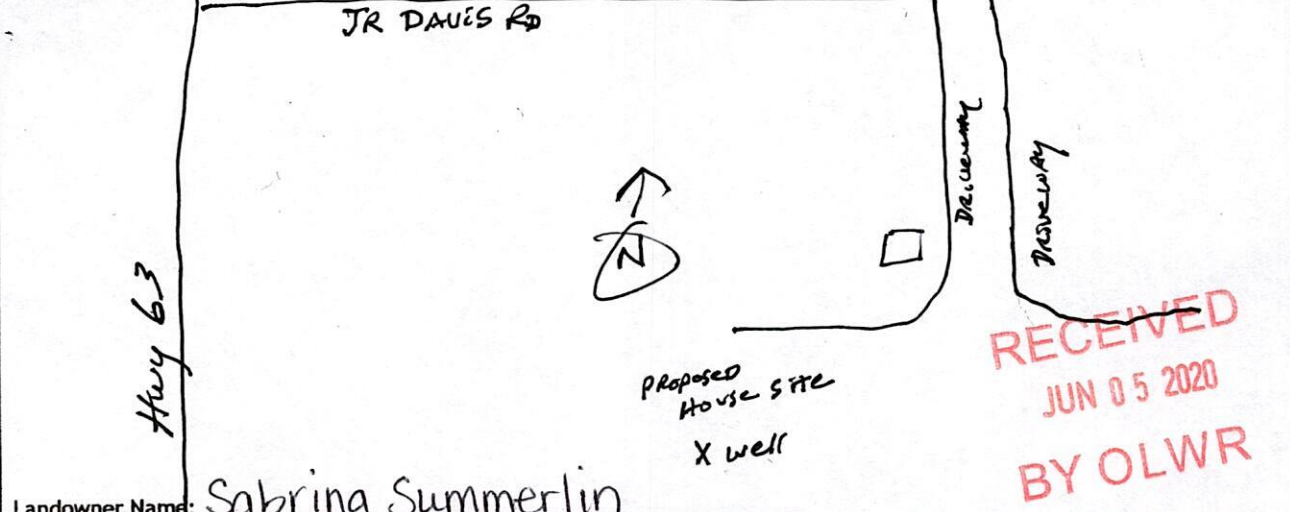


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsoil	Ground level	2
Orange Clay	2	30
Brown Coarse Sand	30	60

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: Sabrina Summerlin

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.

Jack Riddell
 Print Name of Responsible Licensee and License No.

5/12/20
 Date

[Signature]
 Signature of Licensee