

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)

For Office Use Only:

Well #: H274
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Michael Fryfogle
Date drilling completed: 08/17/2021

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>Tim Smith</u>	Latitude: <u>30.6163600</u> Longitude: <u>-88.4656770</u>
Mailing Address: <u>19000 Branch Rd</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>NE</u> ¼ <u>NE</u> ¼, Sec <u>15</u> T <u>5S</u> R <u>5W</u>
City State Zip Code	<u>2.5</u> Miles <u>SE</u> of <u>Hurley</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>08/17/2021</u> Date drilling completed: <u>08/17/2021</u> Hole depth: <u>80</u> Hole diameter: <u>4 1/2</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>18</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>08/17/2021</u> (check one)
Method of measurement (check one): Steel tape Electric tape Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: <u>80</u> Well grouted to a depth of: _____ feet Type of grout (check one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>70</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Wrap</u>
Screen slot size: <u>.10</u> inches Setting depth: From <u>80</u> feet to <u>80</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>

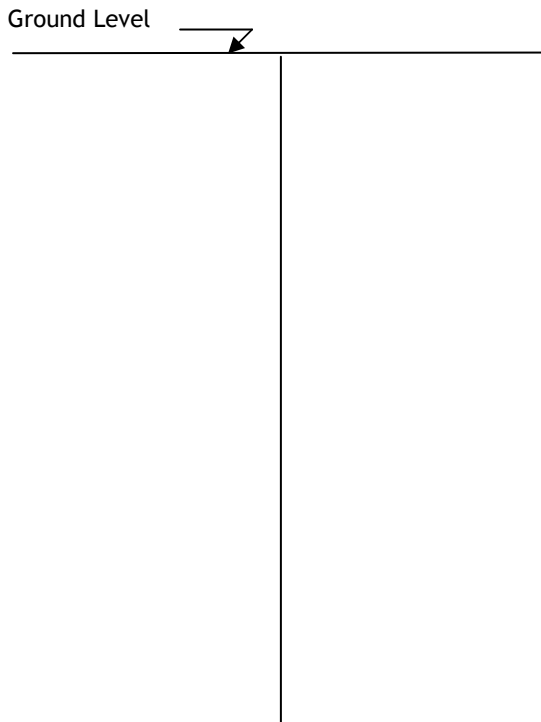
County: Jackson
 Permit #: _____



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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)	To (depth)
Mix	Ground level	18
Clay mix	18	25
Sand	25	80

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: Tim Smith

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