

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)

County: Jackson LA
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 10/25/17

For Office Use Only:

Well #: L209
 Aquifer: _____
 E-Log #: L-0209

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>McLool Contractors</u>	Latitude: <u>30° 30' 42.2" N</u> Longitude: <u>88° 31' 53.6" W</u>
Mailing Address: <u>Highway 613 Moss Point MS</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Point MS</u>	<u>1R 1/4 NE 1/4, Sec 23 T 09 S R 01 W</u>
<u>Moss Point MS 39562</u>	<u>2</u> Miles <u>N</u> of <u>Moss Point</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(228) 769-9771</u>	

Well / Borehole Data

Date drilling started: 10/23 Date drilling completed: 10/25 Hole depth: 170 Hole diameter: 5'

Location of the source of any surface water used for drilling: pound at site

Method of dosing and volume of Chlorine used in drilling and development: add 1gal Bleach per 1000 water

Logs run (circle all applicable): No log run Electric Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____

Name of organization running log(s): office of geology

Purpose of borehole (circle 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 (circle 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: _____ feet [above or below] land surface Date measured: _____
(circle one)

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle 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

