

# 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 #: M 659  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells sv  
 Date drilling completed: 2-8-21

*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>Farve's Pump and Well sv</u>	Latitude: <u>30° 28' 24.18"</u> Longitude: <u>088° 24' 53.46"</u>
Mailing Address: <u>Forks Lake 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>SE 1/4 SE 1/4, Sec 31 T 6 S R 4w</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>SE</u> of <u>Helena</u>
Telephone No. <u>(228) 731-2112</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 2-8-21 Date drilling completed: 2-8-21 Hole depth: 140 FT Hole diameter: 4"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling 2 gal in well

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

Name of organization running log(s): \_\_\_\_\_

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: 5 feet (above or below) land surface (circle one) Date measured: 2-8-21

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

Well depth: 140 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 130 feet to 140 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole   Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

*If telescoped or more than one screen, describe on next page*

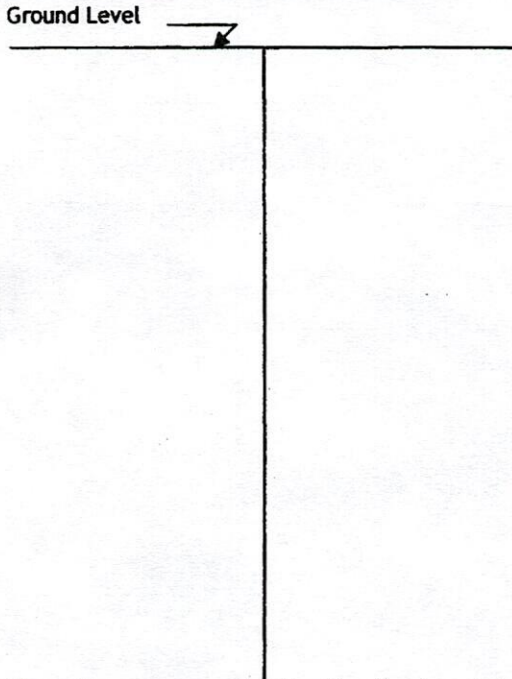
**RECEIVED**  
**MAR 01 2021**  
**OLWR**

County: Jackson  
Permit #: \_\_\_\_\_

For Office Use Only:  
Well #: \_\_\_\_\_

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

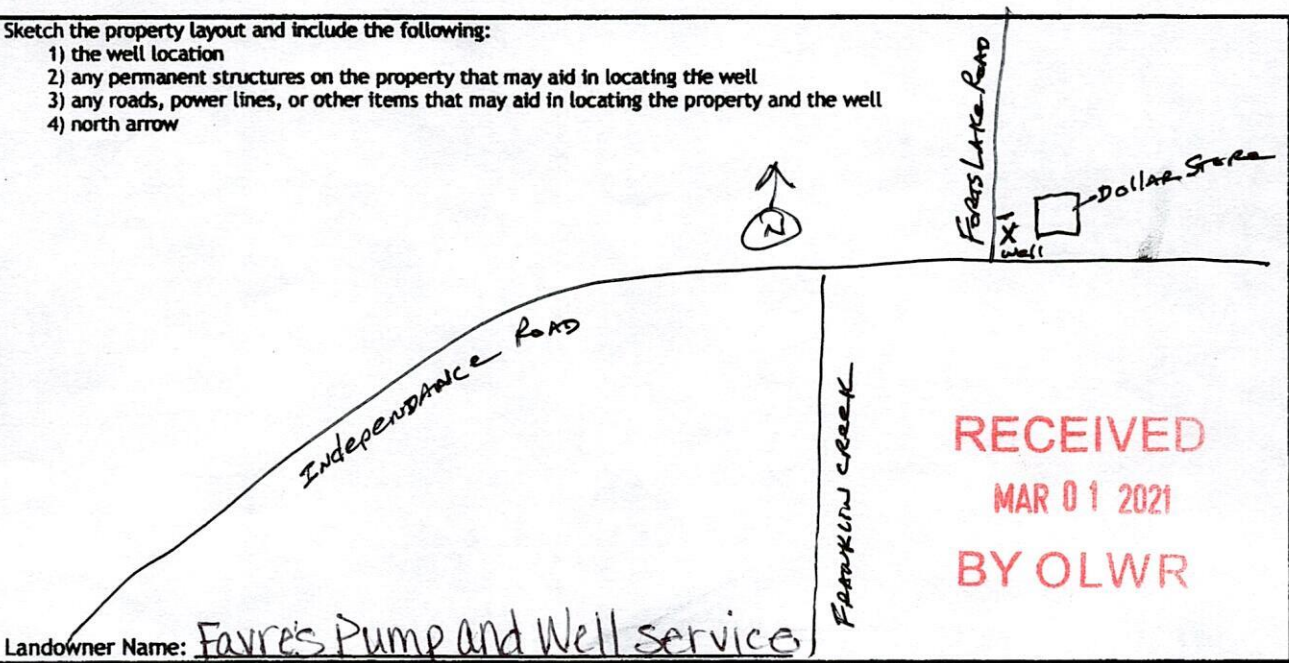


*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
Orange Clay	Ground level	5
White Coarse Sand w/ gravel	5	28
Gray clay	28	110
Orange Coarse sand	110	140

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: Favre's Pump and Well service

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 Ridadell    0-472    2/9/21  
Print Name of Responsible Licensee and License No.    Date

Signature of Licensee