

Does not need Part 2

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 #: P501
Aquifer: _____
E-Log #: _____

County: Jackson
Permit #: _____
Driller: Lyman Well Co.
Date drilling completed: 7/27/01

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> Owner Name: <u>City of Pascagoula</u> Mailing Address: _____ _____ City _____ State _____ Zip Code _____ Telephone No. (____) _____			Well or Borehole Location Latitude: <u>30-22-59</u> Longitude: <u>88-32-12</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 NE 1/4, Sec 1 T 8S R 6W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
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Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 1105 Hole diameter: 7.875

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): DOG P68

Purpose of borehole (check 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 (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Test Hole

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below land surface Date measured: _____
 (check one)

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

Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (check 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 (check 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