

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: Q-641
Aquifer: _____
E-Log #: Q-0641

County: Jackson
Permit #: _____
Driller: Office of Geology
Date drilling completed: _____

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>Jackson County Part</u>	Latitude: <u>30 23 54.3N</u> Longitude: <u>88 28 29.5W</u>
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pascagoula MS 39567</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NW 1/4, Sec 34 T 75 R 5W</u>
Telephone No. <u>(228) 762-0119</u>	<u>1.5</u> Miles <u>SE</u> of <u>Kreole</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/4/18 Date drilling completed: 6/7/18 Hole depth: 500 Hole diameter: 5.5

Location of the source of any surface water used for drilling: road on location

Method of dosing and volume of Chlorine used in drilling and development: add liquid bleach / 1000 gal 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

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BY OLWR

