

363

# 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: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: A. D. Dilling, Sr., Inc.  
 Date drilling completed: 2-15-19

**For Office Use Only:**  
 Well #: 360  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

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>John Chandler</u>	Latitude: <u>32.09619</u> Longitude: <u>89.22717</u> <u>32-02-46-2S</u> <u>S-1-13-37.5</u>
Mailing Address: <u>342 CR 1612</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Location: <u>Louis</u> <u>MS</u> <u>39338</u> City State Zip Code	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec. <u>1</u> T <u>2N</u> R <u>10E</u>
Telephone No. <u>(601) 310-6978</u>	<u>+ 4</u> Miles <u>NE</u> of <u>Bay Springs</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-9-19 Date drilling completed: 2-15-19 Hole depth: 780' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Tallahala Water Assn.

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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

Name of organization running log(s): For Chester Dewitt with its

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): Well Abandoned

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: 790 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 720 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 720 feet to 740 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*

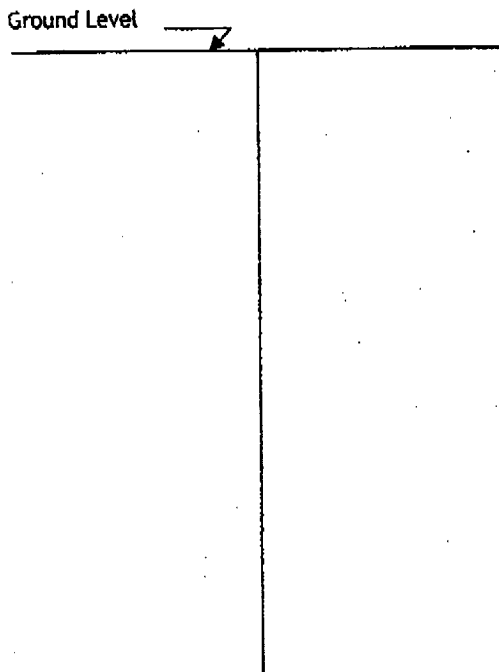
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BY OLWR

County: Winston  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 76

The sketch below only required for water wells

If well telescopes, show depths on sketch.

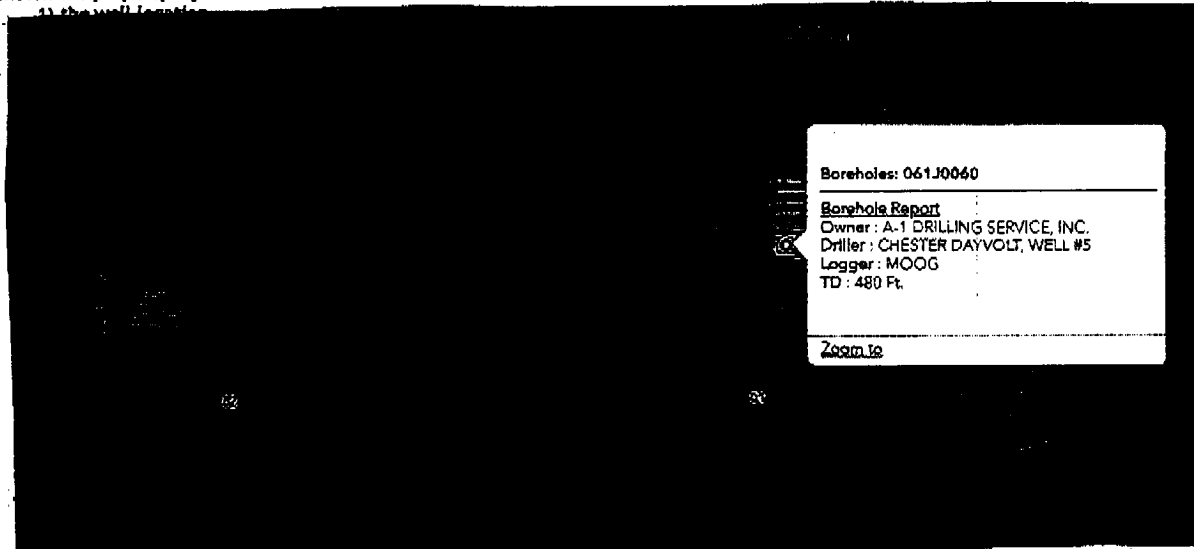


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil		3
Grey clay	3	254
hard clay	254	257
Sandy clay	257	275
Grey clay	275	296
Hard streakles + sand	296	301
sand + sea shells	301	313
brown sandy clay	313	325
sand + clay streakles	325	401
Sand	401	416
Clay w/ sand streakles	416	452
Brown clay	452	515
Clay w/ rocks	515	580
Sandy clay	580	682
Sand	682	777
Clay	777	780

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:



Landowner Name: John Chandler

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.

Mike Baughman

3-11-19

[Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee