

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)

383

For Office Use Only:

Well #: C24
Aquifer: _____
E-Log #: C-0024

County: JEFFERSON
Permit #: _____
Driller: MS OFFICE OF GEOLOGY
Date drilling completed: 09/25/2018

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>	Well or Borehole Location
Owner Name: Tommy Bass	Latitude: 31 51'10.1"N Longitude: 91 04'45.2" W
Mailing Address: PO Box 834 Fayette MS 39069	Method of Lat/Long <i>(check one)</i> : Conventional Survey_____, USGS quad_____, Hand-held GPS_X, Survey-grade GPS____
Telephone No. 601-660-0124	Sec IRR 15 T 10N R 1E
	____Miles ____NE____ of <i>(Distance) (Direction) (Nearest Town)</i>

Well / Borehole Data
Date drilling started: 9/24 /2018 Date drilling completed: 9/25/2018 Hole depth: 210' Hole diameter: 5"
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 <i>(circle all applicable)</i> : No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): MDEQ/OFFICE OF GEOLOGY
Purpose of borehole <i>(circle one)</i> : Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other <i>(describe)</i>
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well <i>(circle all applicable)</i> : Home Industrial Public Supply Irrigation Fish Culture
Other <i>(describe)</i> : _____
If a flowing well, method of flow regulation: Valve _____ Other <i>(describe)</i> _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <i>(circle one)</i>
Method of measurement <i>(circle one)</i> : Steel tape Electric tape Air line Other <i>(describe)</i> : _____
Well depth: 210 Well grouted to a depth of: 210 feet Type of grout <i>(circle one)</i> : Neat Cement <input checked="" type="checkbox"/> 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 <i>(circle all applicable)</i> : Gravel packed Underreamed Open hole Natural Development
Other <i>(describe)</i> : _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Jefferson

Permit #: _____

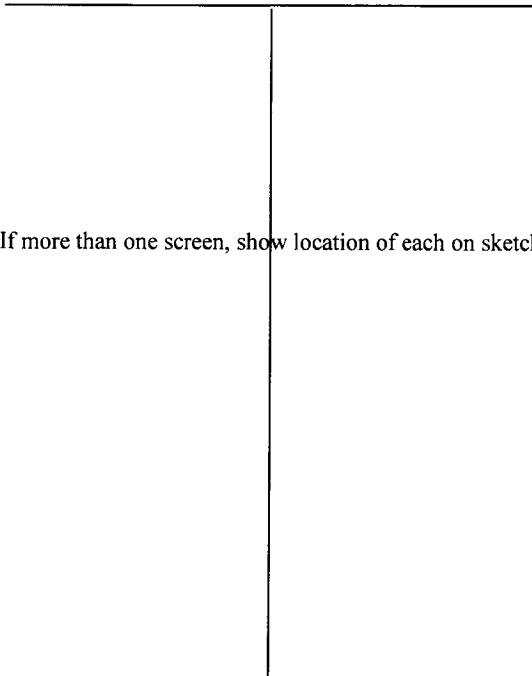
For Office Use Only:

Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level → 



If more than one screen, show location of each 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)
Sand & Gravel	Ground level	17
FINE SAND	17	54
CLAY	54	62
SAND	62	86
CLAY W SAND STREAKS	86	156
CLAY	156	170
SAND	170	198
CLAY	198	210

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: _____

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.

ARCHIE MCKENZIE UNR-555

10/08/2018



Print Name of Responsible Licensee and License No.

Date

Signature of Licensee