

263

# 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 #: D29  
Aquifer: \_\_\_\_\_  
E-Log #: D-0029

County: Jefferson  
Permit #: \_\_\_\_\_  
Driller: Office of Geo.  
Date drilling completed: 10/2/18

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Andy Brown</u> Mailing Address: <u>108 Greckwood Drive</u> <u>Flowood</u> , <u>MS</u> <u>39232</u> City State Zip Code Telephone No. (____) _____		<b>Well or Borehole Location</b> Latitude: <u>31 49 58.4 N</u> Longitude: <u>91 01 50.8 W</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ USGS quad <u>Freeburg</u> <u>1/4</u> , Sec <u>27</u> T <u>10N</u> R <u>2E</u> <u>3</u> Miles <u>N</u> of <u>Lorman</u> (Distance) (Direction) (Nearest Town)	
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**Well / Borehole Data**

Date drilling started: 10/1/18 Date drilling completed: 10/2/18 Hole depth: 255 Hole diameter: 5"  
 Location of the source of any surface water used for drilling: pond beside hole  
 Method of dosing and volume of Chlorine used in drilling and development: add 1 gal Bleach per 1000 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

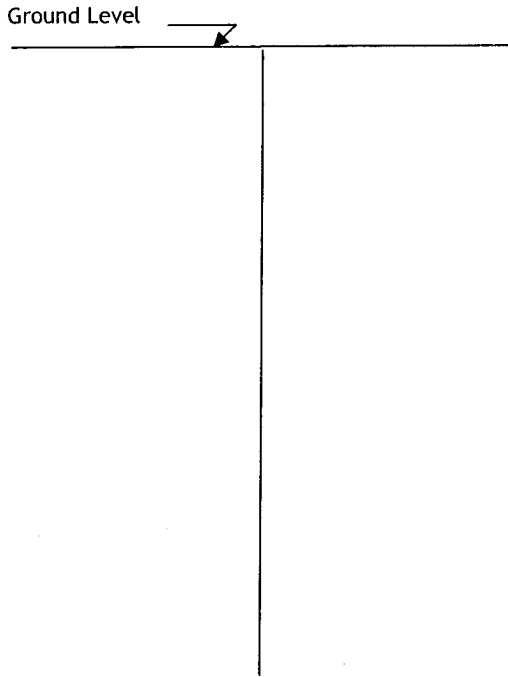
*If telescoped or more than one screen, describe on next page*

County: \_\_\_\_\_  
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)
Loess	Ground level	17
clay	17	90
Stripy Sand + clay	90	110
Sand	110	120
Stripy Sand + clay	120	170
clay	170	220
Sand	220	234
clay	234	236
Sand Stone	236	240
Hard Rock	240	255

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: \_\_\_\_\_

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.

Charles Magee 0.619      10/9/18      Charles Magee  
Print Name of Responsible Licensee and License No.      Date      Signature of Licensee