

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)

140'

County: Jefferson Co.
Permit #: _____
Driller: Office of Geology
Date drilling completed: 10/29/18

For Office Use Only:

Well #: G-42
Aquifer: _____
E-Log #: G-0042

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>James Matheny</u>	Latitude: <u>39° 45' 26.20" N</u> Longitude: <u>91° 11' 27.12" W</u>
Mailing Address: <u>102 Stonemill Pt</u>	Method of Lat/Long (check one): Conventional Survey _____, ^{25.6} _____
<u>Madison</u> City <u>MS</u> State <u>39110</u> Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 961 5527</u>	<u>NW 1/4</u> ^{IR} <u>NW 1/4</u> ^{IR} , Sec <u>22</u> T <u>9N</u> R <u>1W</u>
	<u>8</u> Miles <u>W</u> of <u>Fayette</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/29/18 Date drilling completed: 11/1/18 Hole depth: 480 Hole diameter: 5.5

Location of the source of any surface water used for drilling: pond beside location

Method of dosing and volume of Chlorine used in drilling and development: added light 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 (circle one) Date measured: _____

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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