STATE WELL REPORT

$_{\text{County:}}\,\underline{\text{Lamar}}$ Permit #: Driller: Scott Boone 06/21/2021 Date drilling completed:

Well Owner Information

(Landowner if borehole is not for a water well)

Owner Name: <u>Je</u>anette madden

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)961-5555

| For Office Use Only: | For O |
|----------------------|------------|
| Well #: <u>D208</u> | Well #: |
| Aquifer: | Aquifer: |
| E-Log #: | E-Log #: _ |

Well or Borehole Location

Latitude: 31.2745380 Longitude: -89.4765860

(601)961-5228 (fax)

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.

| Mailing Address: 11 Charlie Stuart rd | Method of Lat/Long (check one): Conv | rentional Survey, | |
|--|---|-----------------------------------|--|
| making address. | USGS quad, Hand-held GPS, | Survey-grade GPS | |
| Hattiesburg Ms 39402 City State Zip Code Telephone No. (601) 337-3218 | $\frac{SE}{4} \frac{\sqrt{SW}}{\sqrt{Miles}} \frac{\sqrt{3}}{\sqrt{Nirection}} \frac{\sqrt{Sec}}{\sqrt{Nirection}} \frac{\sqrt{Nirection}}{\sqrt{Nirection}} \sqrt{$ | | |
| Well / B | orehole Data | 7.4/4 | |
| Date drilling started: 06/21/2021 Date drilling completed: | 06/21/2021 Hole depth: 125 Hol | e diameter: <u>/-1/4</u> | |
| Location of the source of any surface water used for drillir | water well | | |
| Method of dosing and volume of Chlorine used in drilling a | nd development: Granular | | |
| Logs run (check all applicable): No log run Electric Gamn | na Ray Density Sonic Neutron Oth | ner: | |
| Name of organization running log(s): | | | |
| Purpose of borehole (check one): Water Well 🗹 Geotechni | cal/Geological Investigation Ground | Source Heat Pump | |
| Seismic Survey Other (| describe) | | |
| If drilling is not related to water well co | onstruction, skip the remainder of this | block | |
| Purpose of Well (check all applicable): Home Industria | l Public Supply Irrigation Fish C | ulture | |
| Other (describe): | | | |
| If a flowing well, method of flow regulation: Valve | Other (describe) | | |
| Static Water Level: 50feet [above or Delow] land surface Date measured: 06/21/2021 (check one) | | | |
| Method of measurement (check one): Steel tape ✓ Electric tape Air line Other (describe): | | | |
| Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix | | | |
| Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC | | | |
| Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC | | | |
| Screen slot size: 08inches Setting depth: | From 105feet_to 125 | feet | |
| Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development | | | |
| Other (describe): | | | |
| Top of lap pipe or reduction in casing:feet | | RECEIVED | |
| If telescoped or more than o | one screen, describe on next page | 07-23-2021 Form: OLWR-SWR-1A (4/) | |
| | | BY OLWR | |

| County: | Lamar | |
|-----------|-------|--|
| Permit #: | | |

| RECEIVED |
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| 07-23-2021 |
| |
| BY OLWR |

| Fo | or Office Use Only: |
|---------|---------------------|
| Well #: | D208 |
| | |

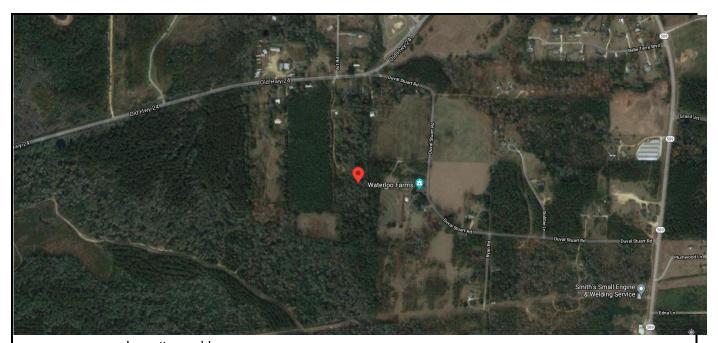
The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Orange clay | Ground level | 25 |
| Sand | 25 | 40 |
| White clay | 40 | 68 |
| Sand n pea gravel | 68 | 125 |
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If more than one screen, show location of each on sketch



Landowner Name: Jeanette madden

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.

,

Scott Boone 6262

07/19/2021

Print Name of Responsible Licensee and License No.

Date

Scott Boone

Signature of Licensee

Form: OLWR-SWR-1B (4/13)