

Does not need Part 2

# 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 #: H109  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Hammett Drilling Co  
Date drilling completed: 08-19-16

*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: <u>Scott Vaughn</u>	Latitude: <u>32° 27' 12" N</u> Longitude: <u>88° 41' 10" W</u>
Mailing Address: <u>1107 61st Court</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Meridian <u>MS</u> City <u>39305</u> State <u>MS</u> Zip Code <u>39305</u>	<u>SE 1/4 NW 1/4, Sec 17 T 7N R 16E</u>
Telephone No. ( ) _____	<u>2.56</u> Miles <u>NW</u> of <u>Marion</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-17-16</u> Date drilling completed: <u>8-19-16</u> Hole depth: <u>230' x 7"</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>Geothermal loops</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: <input checked="" type="checkbox"/>
Name of organization running log(s): _____
Purpose of borehole (circle one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> <u>Ground Source Heat Pump</u> <input checked="" type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
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 <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
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 <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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