

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)

County: LEFLORE _____
 Permit #: _____
 Driller: MS OFFICE OF GEOLOGY
 Date drilling completed: 5/23/18

For Office Use Only:
 Well #: 60165
 Aquifer: _____
 E-Log #: G-0165 _____

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: Leflore County Schools	Latitude: 33 35'47.2"N Longitude: 90 18'05.4" W
Mailing Address: 1901 Highway 82 West	Method of Lat/Long (check one): Conventional Survey,
City: Greenwood State MS Zip Code 38930	USGS quad , <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. _____	NW/4,SE/4,NW/4,SE/4 Sec 16 T 20N R 1W
	_____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5/21/18 Date drilling completed: 5/23/18 Hole depth: 200' Hole diameter: 5" 0-180; 7" 180-200

Location of the source of any surface water used for drilling: WELL BY SITE

Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Name of organization running log(s): MDEQ/GEOLOGY

Purpose of borehole (circle one): MONITOR 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): MONITOR

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: 180 feet Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 _____ feet Casing diameter: 4 _____ inches Type of casing: PVC _____

Screen length: 10 _____ feet Screen diameter: 4 _____ inches Type of screen: PVC _____

Screen slot size: .010 _____ inches Setting depth: From 170 _____ feet to 180 _____ 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

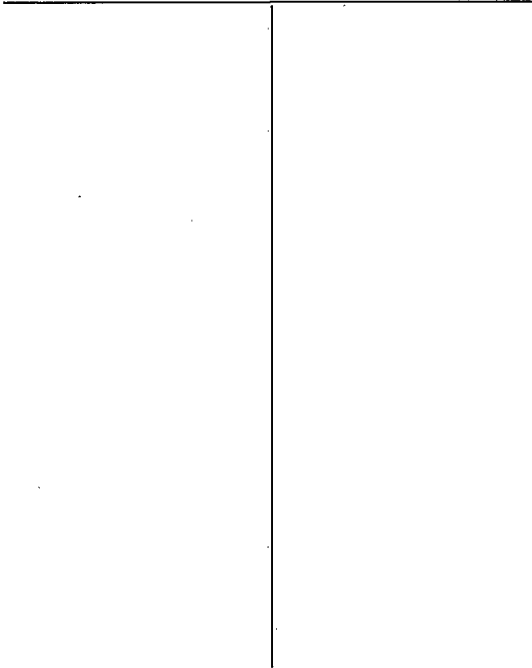
County: LEFLORE
 Permit #: _____

For Office Use Only:
 Well #: 6165

The sketch below only required for water wells

If well telescopes, show depths on sketch.

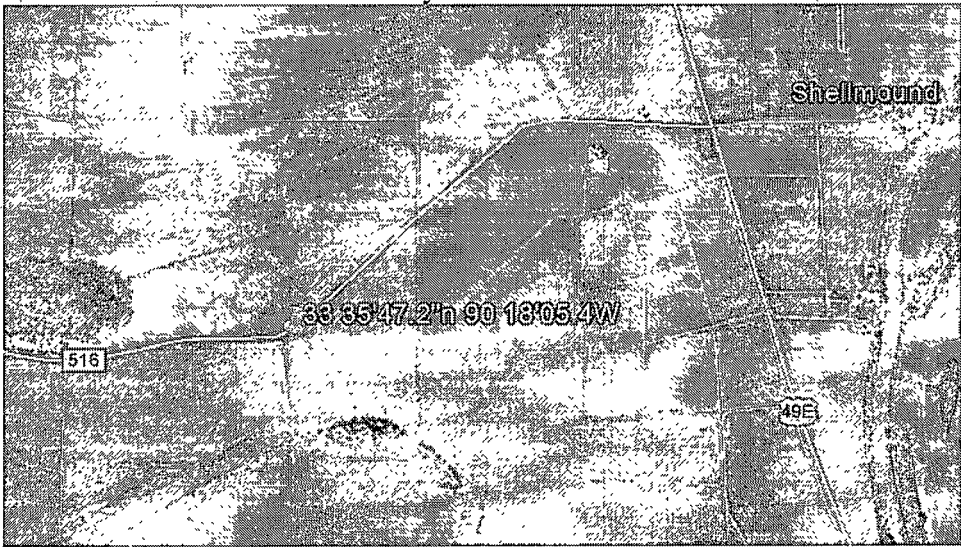
Ground Level 



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)
CLAY	Ground level	48
SAND	48	72
COARSE SAND/ PEA GRAVEL	72	100
LARGE GRAVEL	100	145
SAND	145	181
CLAY	181	200

Landowner Name: Leflore County Schools



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
 Print Name of Responsible Licensee and License No.

6/8/18
 Date


 Signature of Licensee