

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: Office of geology  
 Date drilling completed: 6/21/18

**For Office Use Only:**  
 Well #: 6166  
 Aquifer: \_\_\_\_\_  
 E-Log #: G-0166

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>Margaret Pollard</u>	Latitude: <u>33 36 35 N</u> Longitude: <u>90 16 14.4 W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>44 East 82nd St</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>New York NY 10028</u>	<u>NE 1/4 NW 1/4, Sec 14 T 20N R 1W</u>
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Greenwood</u>
Telephone No. (____)	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6/19/18 Date drilling completed: 6/21/18 Hole depth: 190 Hole diameter: 7"

Location of the source of any surface water used for drilling: well west of site

Method of dosing and volume of Chlorine used in drilling and development: add 1 gal blocks / per 100 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): Monitoring well

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 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: 10 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*

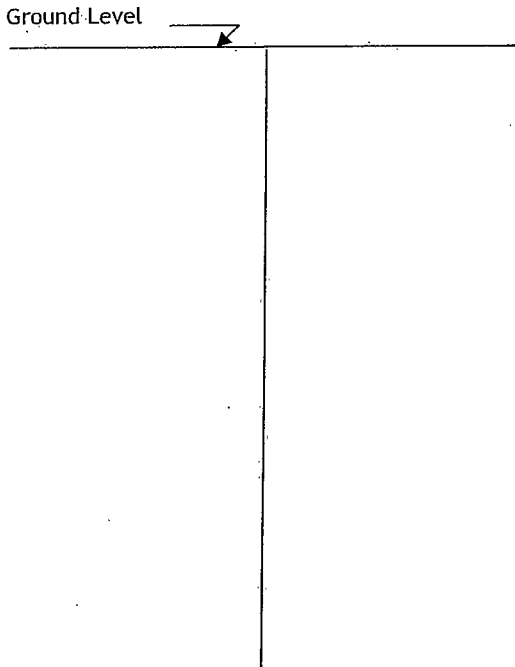
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BY OLWR

County: Leflore  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: Gibb

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)
Top Soil Sand	Ground level	10
Sand clay	10	25
Sand & gravel	20	145
Sand	145	180
Clay	180	190

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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

*[Faint sketch of a property layout with a well location marked]*

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.

Clevis Magee 0-619      6/25/13      Clevis Magee  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee