

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 #: G1167
Aquifer: _____
E-Log #: **G-0167**

County: LEFLORE _____
Permit #: _____
Driller: MS OFFICE OF GEOLOGY
Date drilling completed: 7/12/18

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 35'47.5"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: 7/9/18 Date drilling completed: 7/12/18 Hole depth: 370' Hole diameter: 5.5"

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):

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: _____ Well grouted to a depth of: 370 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

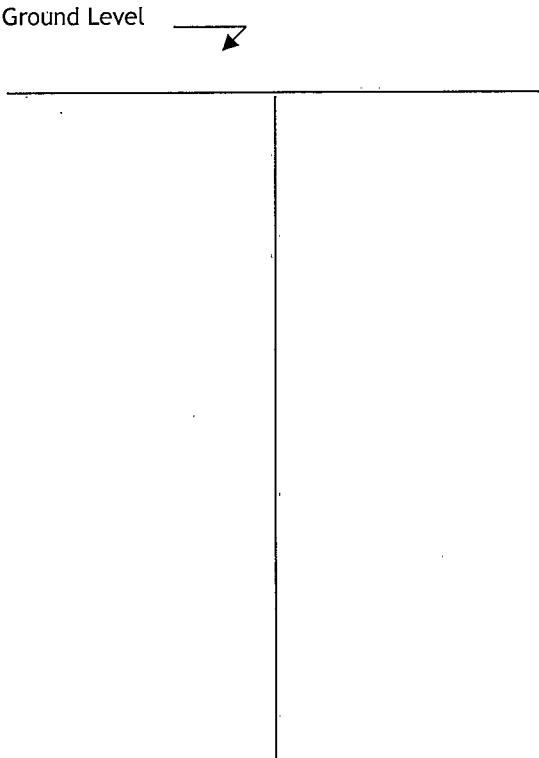
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BY OLWR

County: LEFLORE
 Permit #: _____

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 Well #: _____

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)
CLAY	Ground level	48
SAND	48	72
COARSE SAND/ PEA GRAVEL	72	100
LARGE GRAVEL	100	143
SAND	143	182
CLAY	182	230
FINE SAND/SILTY CLAY	230	250
SAND	250	318
CLAY, W SILT ZONES (CHOCOLATE COLORED)	318	350
CLAY	350	370

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.

ARCHIE MCKENZIE UNR-555
 Print Name of Responsible Licensee and License No.

7/17/18
 Date

Archie McKenzie
 Signature of Licensee