

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 #: G1168
Aquifer: _____
E-Log #: G-0168

County: Leflore
Permit #: _____
Driller: Office of Geology
Date drilling completed: 8/2/18

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Margaret Pollard</u>	Latitude: <u>33 36 11.4 N</u> Longitude: <u>90 16 14.6 W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>44 East 22nd ST</u>	NE $\frac{1}{4}$ NW $\frac{1}{4}$, Sec <u>14</u> T <u>20N</u> R <u>16W</u>
<u>New York NY 10028</u>	<u>5</u> Miles <u>N</u> of <u>Greenwood</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 7/30/18 Date drilling completed: 8/2/18 Hole depth: 390 Hole diameter: 5"

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

Method of dosing and volume of Chlorine used in drilling and development: add 1 gal Bleach / 1000 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): _____

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: _____ 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

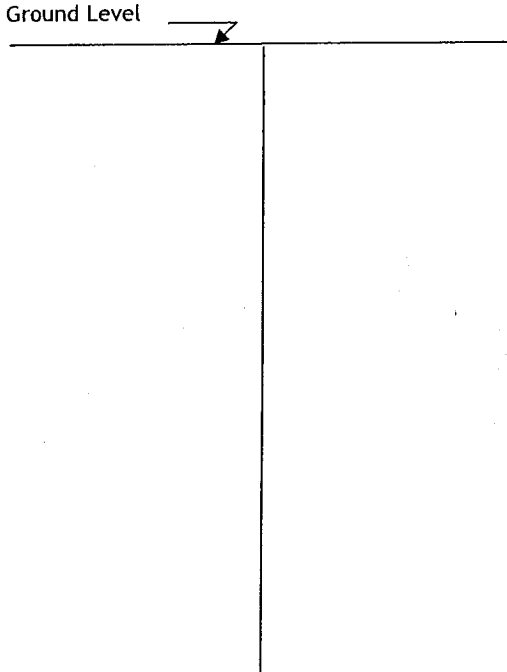
County: LeFlore
Permit #: _____

For Office Use Only:
Well #: 0168

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	35
Sand + gravel	35	145
Rock	145	180
Sand	150	180
Clay	180	225
Sand	225	317
Clay	317	367
Sand + Sandstone	367	370
Stripy clay + Rock	370	390

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

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.

Cletus Magee 0.619 8/7/18 Cletus Magee
Print Name of Responsible Licensee and License No. Date Signature of Licensee