

# STATE WELL REPORT

## Part I

### 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 #: D89  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: Walker-Hill Environmental, Inc.  
Date drilling completed: 2/27/15

*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 <u>89 45 16</u>		
Owner Name: <u>Tim Foise</u>			Latitude: <u>31°37'39.08"</u>	Longitude: <u>89°7'54.651"</u>	
Mailing Address: <u>384 Lillis Rd</u>			Method of Lat/Long (check one): Conventional Survey _____		
			USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____		
<u>Columbia</u>	<u>MS</u>	<u>39829</u>	<u>NW</u> ¼ <u>NW</u> ¼, Sec. <u>30</u> , T. <u>5N</u> , R. <u>17W</u>		
City	State	Zip Code	<u>9.5</u> Miles <u>NE</u> of <u>Columbia</u>		
Telephone No. (_____) _____			(Distance)	(Direction)	(Nearest Town)

Well / Borehole Data	
Date drilling started: <u>2/27/15</u>	Date drilling completed: <u>2/27/15</u> Hole depth: <u>54'</u> Hole diameter: <u>12"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> 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: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey 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 <u>N/A</u> Other (describe) <u>N/A</u>	
Static Water Level: <u>38</u> feet (above or <input checked="" type="checkbox"/> below land surface) Date measured: <u>2/27/15</u>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>50'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/>	
Casing length: <u>40</u> feet	Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0.010</u> inches Setting depth: From <u>40</u> feet to <u>50</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): <u>20/40 filter sand</u>	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page.</i>	



131.373908N 89.754651W

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