STATE WELL REPORT						
Marian		Part 1	For Office Use Only			
County: Marion		oriller's Log	For Office Use Only:			
Permit #:	Office of Land and Water Resources		Well #: <u>G128</u>			
Driller: Josh Boone		P.O. Box 2309	Aquifer:			
Date drilling completed:1	Jackson, MS 39225-2309 (601)961-5555		E-Log #:			
		1)961-5228 (fax)				
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 Well or Borehole Location						
(Landowner if borehole is not for a water well) Owner Name: Kimberly Ferris		Latitude: 31.2863460 Longitude: -89.8302830				
Mailing Address: 123 harmon): Conventional Survey,			
		USGS quad, Hand-held G	PS <u>//</u> , Survey-grade GPS			
Columbia Ms	39429	<u>NW</u> 1/4 <u>NE</u> 1/4, Sec_	<u>29 t 04N r 18W</u>			
City State	Zip Code					
Telephone No. ()		(Distance) (Direction)	f (Nearest Town)			
Method of dosing and volume of Chlorine used in drilling and development: Granulated chlorine Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
If drilling is not rel	ated to water well c	onstruction, skip the remainder	of this block			
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture						
Other (describe):						
If a flowing well, method of flow regul						
Static Water Level: <u>76</u> feet [above or Ibelow] land surface Date measured: <u>06/20/2021</u>						
Method of measurement (check one): Steel tape Electric tape Air line Other (describe):						
Well depth: Well grouted to a depth of: 10 foot feet Type of grout (check one) 🗹 Neat Cement Bentonite Mix						
Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Pvc</u>						
Screen length: <u>10</u> feet	Screen diameter: 4	inches Type of	screen: Saw slot			
Screen slot size: <u>8</u> inches	Setting depth:	From <u>170</u> feet to	feet			
Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development						
Other (describe):						
Top of lap pipe or reduction in casing:	feet		RECEIVED			
If telescoped or more than one screen, describe on next page 07-23-2021						
			Form: OLWR-SWR-1A (4/1			
			BY OLWR			

County:	Marion	
Permit #:		

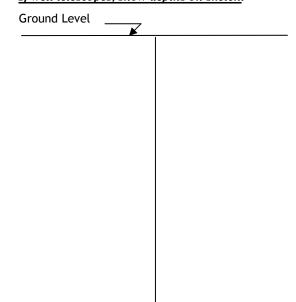


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The sketch below only required for water wells

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 (<i>depth</i>)	To (depth)
Top soil	Ground level	3
White clay	3	12
Sand	12	22
White clay	22	46
Sand	46	54
Blue clay	54	155
Sand	155	182

If more than one screen, show location of each on sketch



Landowner Name: Kimberly Ferris

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.

Josh Boone 8683 Print Name of Responsible Licensee and License No. 07/1

07/19/2021 Date



Josh Boone Signature of Licensee

Form: OLWR-SWR-1B (4/13)