

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: Marshall  
 Permit: \_\_\_\_\_  
 Driller: Hammett Drilling Co  
 Date drilling completed: 3-29-11

**For Office Use Only:**  
 Well #: L61  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*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: <u>Marshall Tomblinson</u>	Latitude: <u>34.813114°</u> Longitude: <u>89.391684°</u>
Mailing Address: <u>176 Peel Lane</u>	<u>34-48-47</u> <u>89-23-30</u>
<u>Holly Springs, MS 381035</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. ( ) _____	<u>NE 1/4 NE 1/4, Sec 22 T 35 R 2W</u>
	<u>4.55</u> Miles <u>N.E.</u> of <u>Holly Springs</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3-24-11 Date drilling completed: 3-26-11 Hole depth: 230' x 6" Hole diameter: 4"

Location of the source of any surface water used for drilling: Geothermal Supply

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Name of organization running log(s): \_\_\_\_\_

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*

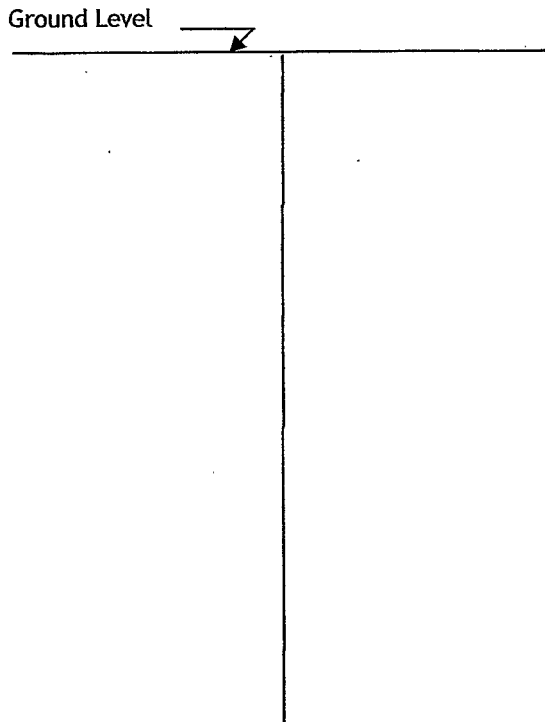
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BY OLWR

County: Marshall  
Permit #: \_\_\_\_\_

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Well #: L61

*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	10'
Clay	10'	70'
Clay & sand streaks	71'	110'
coarse sand	111'	210'
clay & sand	211'	230'

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

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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.

Richard E. Hammett UNR0406 6/6/17 Richard E. Hammett  
Print Name of Responsible Licensee and License No.      Date      Signature of Licensee