STATE V	VELL REPORT			
County: Marshall	Part 1	For Office Use Only:		
Driller's Log		Well #:		
Driller: Denald Saith Contact Office of Land and Water Resources		Aquifer:		
1 -12.1.0 P.	1 1 D A Roy 7300			
(6	01)961-5210)360-0535 (fax)	RECEIVEL		
•	, , ,	JAN 22 Kenny		
State Law requires that this report be prepared by the land Department at the above address within 30 days of com				
Well Owner Information (Landowner if borehole is not for a water well)	,	hole Location		
Owner Name: BCM Water Assoc	Latitude: 34 32 59.91 Lor	ngitude: 89 17 34.3 W		
Mailing Address: 122 West Bankhead	Method of Lat/Long (check one): Conventional Survey,		
St Dayoneas	USGS quad, Hand-held G	PS_X, Survey-grade GPS		
Nw Albany MS 38652	¼¼, Sec_	22 T 65 R IW		
City State Zip Code	7 Miles 5 o	f Potts Camp, MS		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
Well / Bo	orehole Data			
Date drilling started: 5 14 18 Date drilling completed:	7/20/18 Hole depth: 72	1 Hole diameter: 17 3/4"		
Location of the source of any surface water used for drilling	g: Public Water 5-	ply		
Method of dosing and volume of Chlorine used in drilling an	nd development: <u>Patable U</u>	Jater Used		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s): MS 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: 46.27 feet [above or below] land surface Date measured: 7/11/18				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 685 Well grouted to a depth of: 6et Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 620 feet Casing diameter: 12 inches Type of casing: Carlow Steel				
Screen length: 60 feet Screen diameter: 8 inches Type of screen: 55 R. bhed				
Screen slot size: 630 inches Setting depth: From 5625 feet to 685 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: 500 feet

Permit #: 17381	For Office Use Only: Well #: \(\frac{1}{3} \) 7		
The sketch below only required for water wells	Description of formations encountered to and boreholes, unless specifically exemp	nust be provide	d for all wells
If well telescopes, show depths on sketch.	and vorenoies, unless specifically exemp	nea by regulation	<u>ons</u>
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
		Ground level	
	Brown Clay	0	12
	Blue & White Soundy Chaulk	12	<u> 24</u>
	Blue & Gray Chaulky Cky	24	<u> </u>
	50f+ Blud Elay	8.5	160
	Bine Clay	160	<u> </u>
1,,,,,	Sand	558	<u> </u>
620 Cusing	Blue Clay	\$85	625
	Sand	625	<u>690</u>
	Sandy Cky	690	727
[bc Lap 8"	\$		
'			
Loo' Soneges			
1,001			
[682] E			
f more than one screen, show location of each on sketch			
	•		
etch the property layout and include the following: 1) the well location			
2) any permanent structures on the property that may ai	d in locating the well		
 any roads, power lines, or other items that may aid in 	locating the property and the well		
4) north arrow	· · ·		

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 well3) any roads, power lines, or other items that may aid in locating the property and the well
4) north arrow
Hortzend
13ell e
5, T Mwy 349
60 them
2 ex
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.
Print Name of Responsible Licensee and License No. Date Signature of Licensee
Print Name of Responsible Licensee and License No. Date Signature of Licensee