Boning GY-1
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
(601)961-5210
(601) $961-5228$ (fax)
For Office Use Only:

Aquifer: $\qquad$
Well \#: $\qquad$
L. S. Elevation: $\qquad$
E-log \#: $\qquad$

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.


Latitude: $32^{\circ} / 7,3.8$ " Longitude: 90.04 '32.9"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
 Distance
3,4 Direction
Miles 3.4 Miles $\qquad$ EASt of $\qquad$

Date drilling started: $\frac{6 / 9 / 11}{}$ Date drilling completed: $6 / 10 / 11$ Hole depth: $100^{1}$ Hole diameter:_ $4^{1 /}$
 Logs run (circle all applicable):No log run Electric Gamma Ray Density Sonic Neutron Other: $\qquad$ Name of organization running $\log (\mathrm{s}):$ $\qquad$
Purpose of borehole (check one): Water Well $\qquad$ Geotechnical/Geological Investigation $X$ Ground Source Heat Pump $\qquad$
Seismic Survey $\qquad$ Other (describe) $\qquad$
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home $\qquad$ Industrial $\qquad$ Public Supply $\qquad$ Irrigation $\qquad$ Fish Culture $\qquad$ Other: $\qquad$ If a flowing well, method of flow regulation: Valve $\qquad$ Other (describe) $\qquad$
Static Water Level: $\qquad$ feet above or below (circle one) land surface

Date measured: $\qquad$
Method of Measurement (circle one) steel tape electric tape air line other: $\qquad$
Well depth: $\qquad$ Well grouted to a depth of $\qquad$ feet Type of grout (circle one): Neat Cement Bentonite

Casing length: $\qquad$ feet

Casing diameter: $\qquad$ inches

Type of casing: $\qquad$
Screen length: $\qquad$ feet

Screen diameter: $\qquad$ inches

Type of screen: $\qquad$
Screen slot size: $\qquad$ inches

Setting depth: From $\qquad$ feet to $\qquad$ feet Type of completion (circle all applicable):
Other (describe):
$\qquad$
Top of lap pipe or reduction in casing: $\qquad$ feet. If telescoped or more than one screen, describe on next page


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


I certify that the well/horehole 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 GREgory MAdAms RGOR1694
Print Name of Responsible Licensee and License No.
laws.
Date Geo Engineers, the

