

ynelle  
2

# 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)961-5555  
(601)961-5228 (fax)

### For Office Use Only:

Well #: C 266  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: SHARKEY  
Permit #: GW 50792  
Driller: J. NEWCOME O.T.B.  
Date drilling completed: 5-11-20

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>LYNNDAL PINKS</u>	Latitude: <u>32°56'06.2</u> Longitude: <u>090°46'<del>55.1</del></u> <sup>51.1</sup>
Mailing Address: <u>P.O. Box 152</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>ROLLING FORK MS 39159</u> City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>35</u> T <u>13 N</u> R <u>6W</u>
Telephone No. ( <u>662</u> ) <u>873-7149</u>	<u>6</u> Miles <u>N.E.</u> of <u>ROLLING FORK, MISS</u> (Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 5-11-20 Date drilling completed: 5-11-20 Hole depth: 122 Hole diameter: 24

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: TABLETS

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

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

Purpose of borehole (check 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 (check 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 (check one) Date measured: \_\_\_\_\_

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 60 feet to 120 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

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

RECEIVED  
APR 19 2021  
BY OLWR

County: SHARKEY

Permit #: GW 50792

**For Office Use Only:**

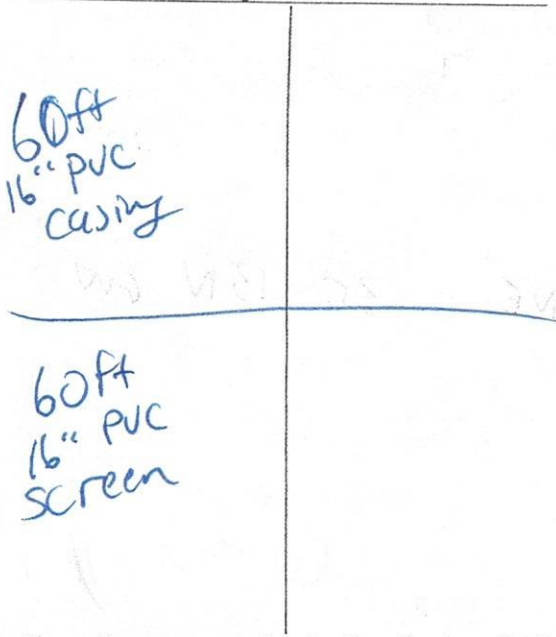
Well #: \_\_\_\_\_

*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*

Ground Level  $\nearrow$



Description of Formations Encountered	From (depth)	To (depth)
<u>TOPSOIL</u>	Ground level	<u>10</u>
<u>CLAY</u>	<u>10</u>	<u>40</u>
<u>FINESAND</u>	<u>40</u>	<u>60</u>
<u>MEDIUM COARSE SAND</u>	<u>60</u>	<u>120</u>
<u>GREY CLAY BOTTOM</u>	<u>120</u>	<u>122</u>

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

SEE ATTACHED MAP

Landowner Name: LYNNDAL PARTNERS

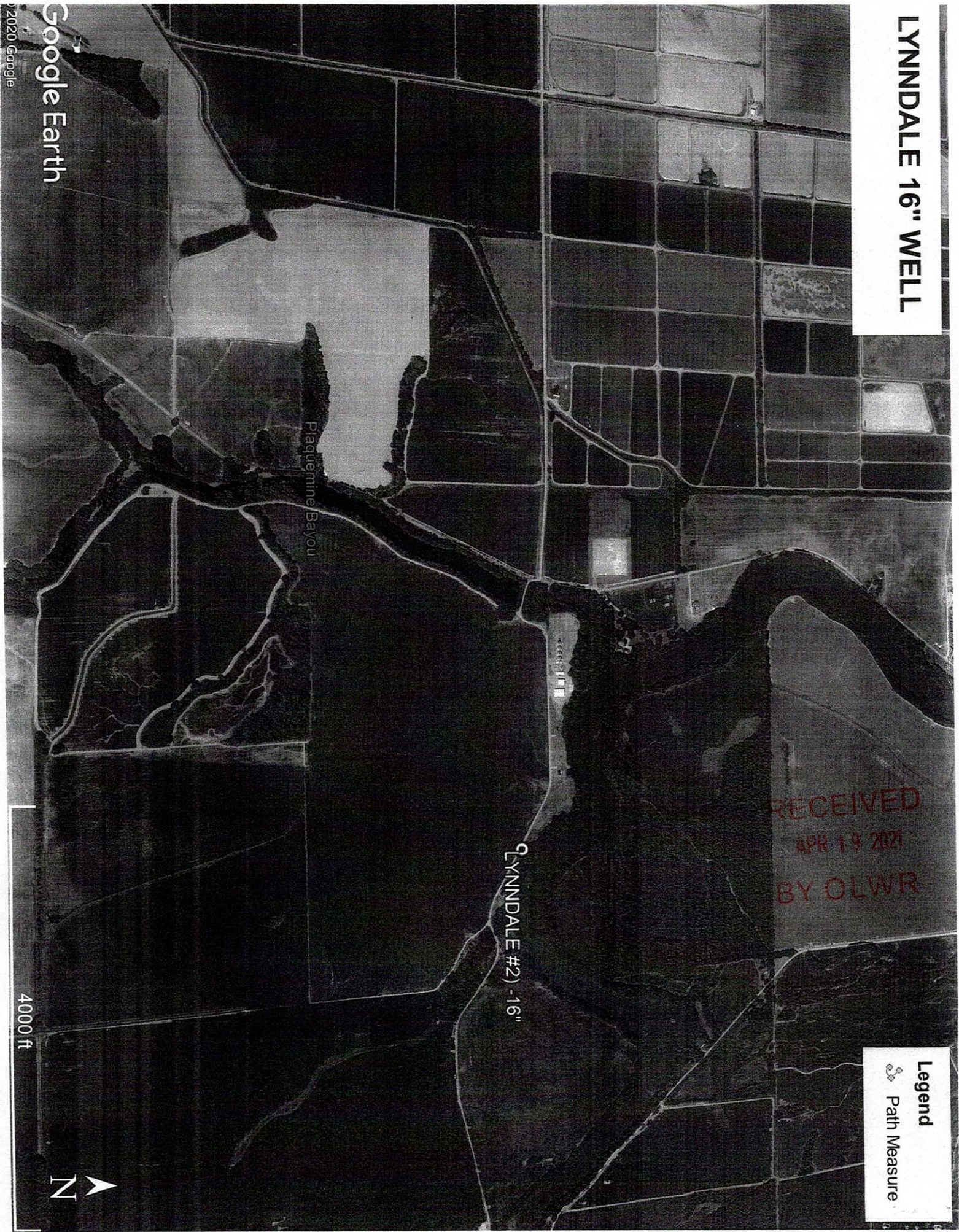
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWCOME 0-773  
Print Name of Responsible Licensee and License No.

5-12-20  
Date

Signature of Licensee

# LYNNDALE 16" WELL



**Legend**  
Path Measure

RECEIVED  
APR 14 2021  
BY OLWR

LYNNDALE #2) -16"

Plaquemine Bayou

Google Earth

© 2020 Google

4000 ft

