

# 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)

### For Office Use Only:

Well #: 033  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: JONES  
 Permit #: NA  
 Driller: A-1 DRILLING SERV  
 Date drilling completed: 11-5-13

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>Randy Bate</u>		Latitude: <u>31°40'01"</u>	Longitude: <u>89°09'55"</u>
Mailing Address: <u>303 SCR 50443</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Forest, MS 39074-5721</u>		USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
City _____	State _____	N 1/2 x SE SE 1/4, Sec 33 T 4 N R 8 E	
Zip Code _____	± <u>4</u> Miles <u>SE</u> of <u>LEMAN</u>		
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 11-5-13 Date drilling completed: 11-5-13 Hole depth: 307 1/2' Hole diameter: 5 1/2"

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: 2 gal/5. per 1000 gal water

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) test hole for public supply well

*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*

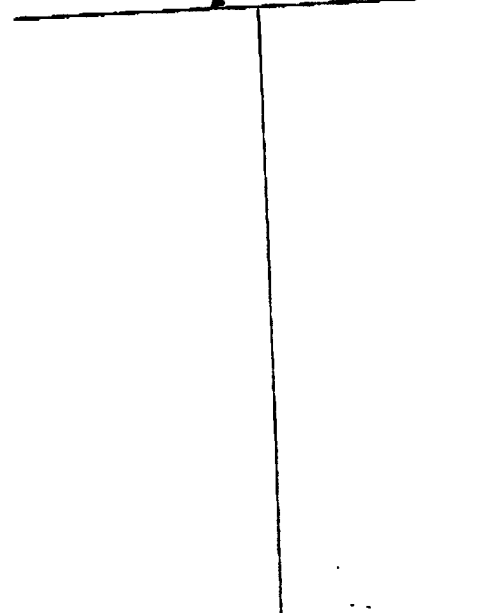
County: DeWitt  
 Permit #: \_\_\_\_\_

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 Well #: 033

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

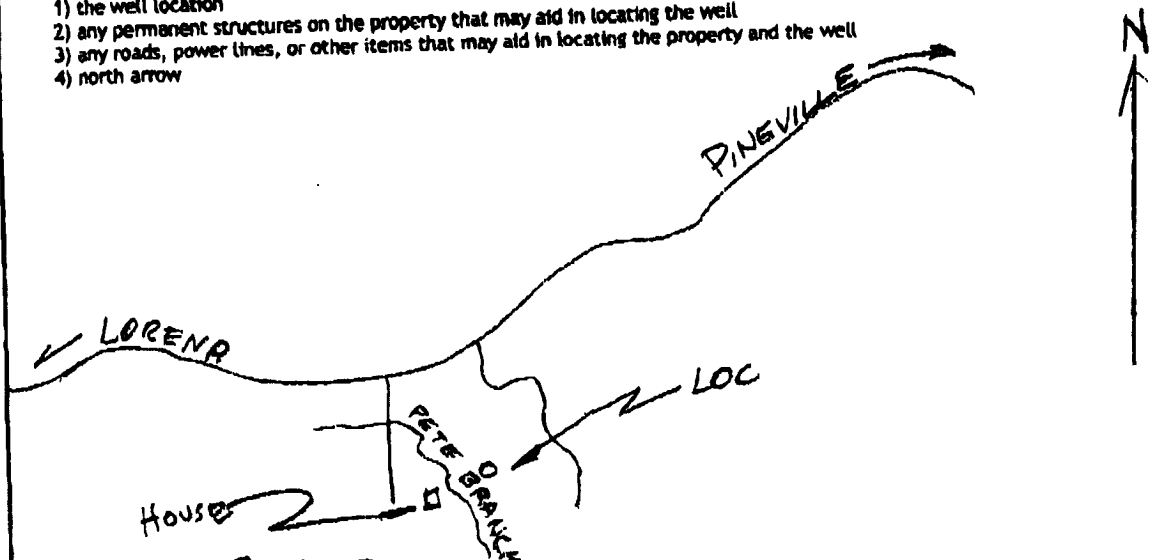


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	2	8
Tan clay	8	16
Sandy clay	16	19
Gray clay	19	60

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



Landowner Name: Randy Bette

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.

Wilbur T. Baughman 0410  
 Print Name of Responsible Licensee and License No.

11-20-13  
 Date

[Signature]  
 Signature of Licensee