

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

For Office Use Only:

Well #: C42
Aquifer: _____
E-Log #: _____

County: Smith
Permit #: _____
Driller: John W Thompson
Date drilling completed: 3-13-20

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Timmy Batte</u>	Latitude: <u>N32° 08' 57.3"</u> Longitude: <u>89° 26' 57.6"</u>
Mailing Address: <u>3801 SCR 504</u> <u>Forrest MS 39074</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>35</u> T <u>4N</u> R <u>8E</u>
Telephone No. (____) _____	<u>4</u> Miles <u>WNW</u> of <u>Pineville</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>3-9-20</u> Date drilling completed: <u>3-13-20</u> Hole depth: <u>520</u> Hole diameter: <u>8</u>
Location of the source of any surface water used for drilling: <u>local Creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>added chlorine to water</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

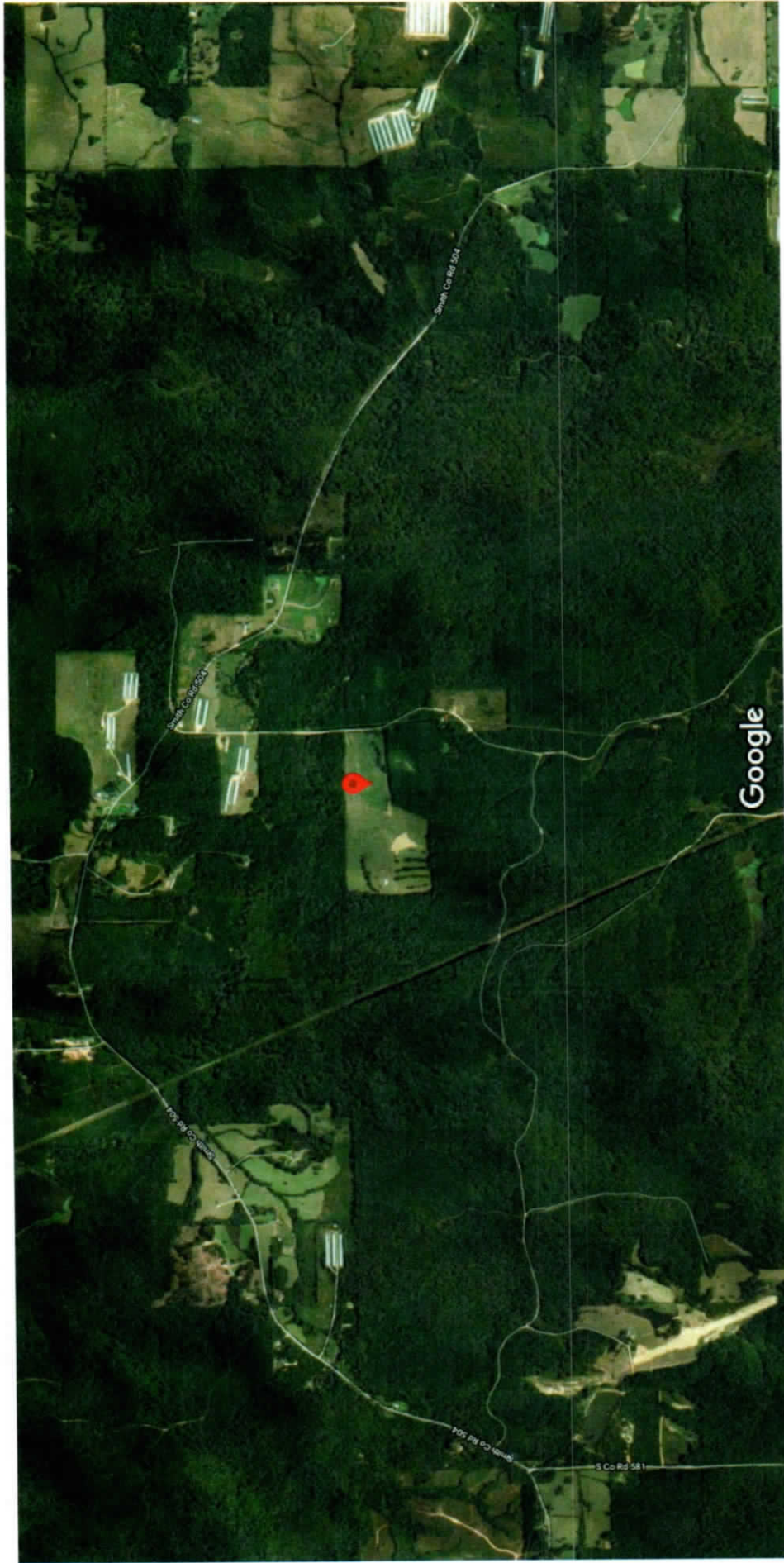
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): <u>Poultry Farm</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>54</u> feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface (check one) Date measured: <u>3-13-20</u>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>510</u> Well grouted to a depth of: <u>50</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>470</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>470</u> feet to <u>510</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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Google Maps 32°08'57.3"N 89°26'51.6"W



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