

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 #: L44
Aquifer: _____
E-Log #: _____

County: Smith
Permit #: _____
Driller: A-1 Drilling Serv
Date drilling completed: 1-12-17

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>Stacey Stringer #3</u>	Latitude: <u>31 58 59 N</u> Longitude: <u>89 22 54 W</u>
Mailing Address: <u>225 SCR-99-C</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs</u> <u>Ms.</u> <u>39422</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4, Sec. <u>28</u> T <u>2N</u> R <u>9E</u>
Telephone No. <u>(601) 670-0026</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1-3-17</u> Date drilling completed: <u>1-12-17</u> Hole depth: <u>143</u> Hole diameter: <u>6 3/4"</u>
Location of the source of any surface water used for drilling: <u>Sylvania Water</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle 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 <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>con. house</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>26</u> feet (above or <input checked="" type="checkbox"/> below) land surface Date measured: <u>1-12-17</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonic</u>
Well depth: <u>141</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>121</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>120</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Slotted PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>121</u> feet to <u>141</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): <u>Abandoned</u>
Top of lap pipe or reduction in casing: _____ feet

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

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MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES

Bureau of Land and Water Resources

COUNTY WELL LOCATED <i>Smith</i>	
WELL NUMBER <i>L 44</i>	CODED
DATE WELL PLUGGED <i>1-12-17</i>	

PERMIT NUMBER
NAME OF DRILLING FIRM <i>A-1 Drilling Serv. Inc.</i>

P. O. Box 10631
Jackson, Mississippi 39209
WATER WELL PLUGGING
DECOMMISSIONING

NAME & MAILING ADDRESS OF LANDOWNER <i>Stacey Stringer</i> <i>225 SCR 99-C</i> <i>Bay Springs Mo. 39422</i>			
WELL LOCATION <i>NW 1/4 SE 33</i>	SEC <i>33</i>	TOWNSHIP <i>2N</i>	RANGE <i>9E</i>
DISTANCE <i>± 6</i>	DIRECTION <i>W</i>	NEAREST TOWN <i>Bay Springs</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>chicken houses</i>			

NAME OF WELL CONTRACTOR WHO DRILLED THE WELL <i>A-1 Drilling Serv.</i>		
NAME OF LANDOWNER WHEN WELL WAS DRILLED <i>Stacey Stringer</i>		
WELL DATA		
Well Depth <i>141</i>	Casing Diameter (In.) <i>4</i>	Casing Length (FL) <i>121</i>
Type of Casing <i>PVC</i>	Hole Depth <i>143</i>	Depth to Static Water Level <i>26'</i>
DATE WELL COMPLETED <i>was not completed</i>		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED:
(AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED, OR LEFT IN HOLE,
MATERIAL USED IN PLUGGING, ETC.)

Well was filled w/extra heavy bentonite slurry to within 4' of surface, casing was cut off 2' below surface and cement was used to finish filling casing.

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

Mida Dingle 587
SIGNATURE

1-13-17
DATE

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