

# 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 #: D62  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_  
elev 165

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Michael Fryfogle  
Date drilling completed: 10/28/2021

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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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Sunny Sod</u>	Latitude: <u>30.8822340</u> Longitude: <u>-88.8929710</u>
Mailing Address: <u>33 Mage Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Wiggins</u> <u>Ms</u> <u>39577</u>	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>9</u> T <u>2S</u> R <u>9S</u>
City                              State                              Zip Code	<u>5.09</u> Miles <u>W</u> of <u>Benedale</u>
Telephone No. (____) _____	(Distance)                      (Direction)                      (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10/28/2021</u> Date drilling completed: <u>10/28/2021</u> Hole depth: <u>230</u> Hole diameter: <u>4 1/4</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): No log run <input checked="" type="checkbox"/> Electric    Gamma Ray    Density    Sonic    Neutron    Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation    Ground Source Heat Pump 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): Home <input checked="" type="checkbox"/> Industrial    Public Supply    Irrigation    Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>90</u> feet [ above or <input checked="" type="checkbox"/> below ] land surface    Date measured: <u>10/28/2021</u> (check one)
Method of measurement (check one): Steel tape    Electric tape    Air line <input checked="" type="checkbox"/> Other (describe): _____
Well depth: <u>230</u> Well grouted to a depth of: <u>10</u> feet    Type of grout (check one): Neat Cement    Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>215</u> feet    Casing diameter: <u>2</u> inches    Type of casing: <u>Sch 40</u>
Screen length: <u>15</u> feet    Screen diameter: <u>2</u> inches    Type of screen: <u>Wrap</u>
Screen slot size: <u>.06</u> inches    Setting depth: From <u>215</u> feet to <u>230</u> feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed    Open hole    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>

