

# 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  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: F119

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: IATA

Permit #: \_\_\_\_\_

Driller: Joel Jumper

Date drilling completed: 9-24-19

**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.**

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Chris Woolfolk</u> Mailing Address: <u>1-399 Cameron Rd</u> <del><u>Coldwater MS</u></del> <u>Coldwater MS 38618</u> City State Zip Code Telephone No. <u>(662) 560 3232</u>	Latitude: <u>34° 39' 43"</u> Longitude: <u>90° 00' 06"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 12 Twn 55 Rng 8W</u> Distance Direction Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>9-24-19</u> Date drilling completed: <u>9-24-19</u> Hole depth: <u>140</u> Hole diameter: <u>6</u> Location of the source of any surface water used for drilling: <u>Nearest well</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>(No log run)</u> 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 one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>9-24-19</u> Method of Measurement (circle one) steel tape <u>(electric tape)</u> air line other: _____ Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>010</u> inches Setting depth: From <u>120</u> feet to <u>140</u> feet Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped 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>	

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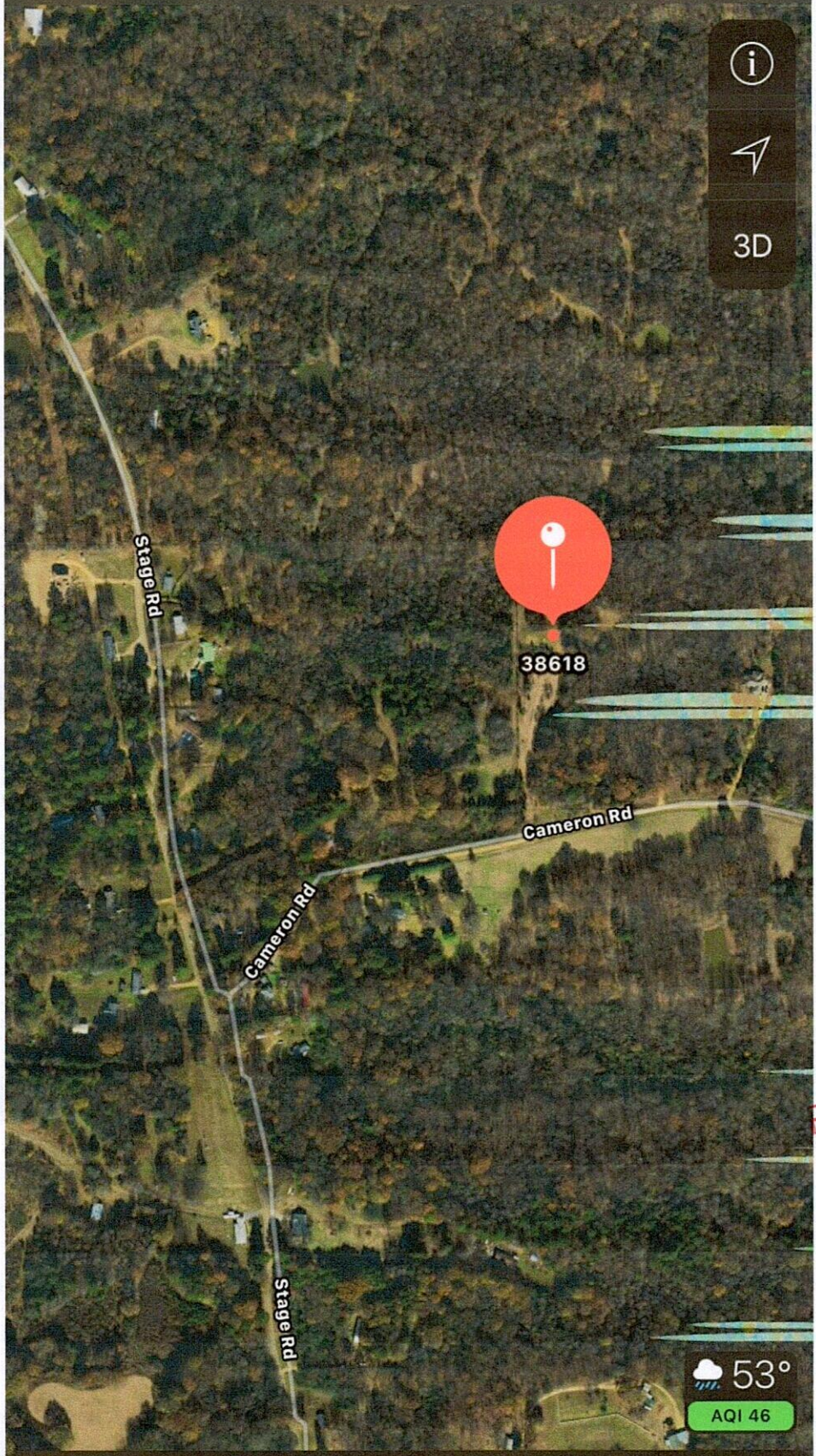


10:51



3D

F119  
Tate  
Co



38618

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53°

AQI 46

Marked Location

72 mi

