

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 #: H176

Aquifer: _____

E-Log #: _____

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03-09-2022

BY OLWR

elev 322

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>Tina Dunn</u>	Latitude: <u>31.0439450</u> Longitude: <u>-90.2419820</u>
Mailing Address: <u>60 smithburg rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tylertown</u> <u>Ms</u> <u>39667</u>	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>19</u> T <u>01N</u> R <u>10E</u>
City State Zip Code	<u>7 miles</u> Miles of <u>Tylertown</u>
Telephone No. (<u>504</u>) <u>782-6671</u>	(Distance) (Direction) (Nearest Town)

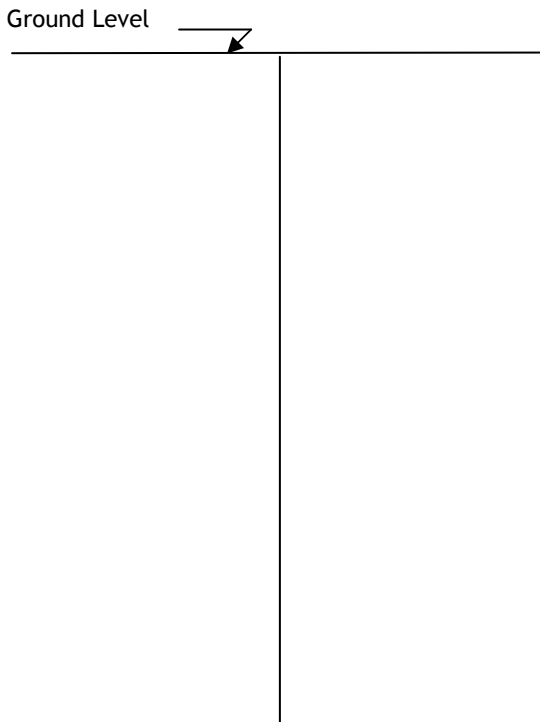
Well / Borehole Data
Date drilling started: <u>03/01/2022</u> Date drilling completed: <u>03/01/2022</u> Hole depth: <u>140</u> Hole diameter: <u>8 •</u>
Location of the source of any surface water used for drilling: <u>Running creek water</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): No log run <input checked="" type="checkbox"/> Electric <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 (check one): Water Well <input checked="" 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 (check all applicable): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>65</u> feet [above or below] land surface Date measured: <u>03/01/2022</u> (check one)
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>140</u> Well grouted to a depth of: _____ feet Type of grout (check one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>120</u> feet Casing diameter: <u>4 •</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20 feet</u> feet Screen diameter: <u>4 •</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.8</u> inches Setting depth: From <u>120</u> feet to <u>140</u> feet
Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Walthall
 Permit #: _____

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The sketch below only required for water wells
If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	20
Clay sand	20	40
Clay gravel	40	80
Sand gravel	80	140

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: Tina Dunn

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.

James Wells 00005889 03/08/2022

Print Name of Responsible Licensee and License No. Date



James Wells

Signature of Licensee