

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

County: Walton
Permit #: _____
Driller: Fitzgerald Well Serv.
Date drilling completed: 1-10-15

For Office Use Only:
Aquifer: _____
Well #: K108
L. S. Elevation: _____
E-log #: _____

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Steve Jones</u>	Latitude: <u>31° 3' 8.2"</u> Longitude: <u>90° 0' 57.6"</u>
Mailing Address: <u>Coppersford Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tylertown</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4</u> Sec <u>17</u> Twn <u>1N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. () _____	
Well / Borehole Data	
Date drilling started: <u>1-10-15</u> Date drilling completed: <u>1-10-15</u> Hole depth: <u>290'</u> Hole diameter: <u>8"</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 (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 type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>15'</u> feet above or below (circle one) land surface Date measured: <u>1-10-15</u>	
Method of Measurement (circle one) <u>steel taps</u> electric tape air line other: _____	
Well depth: <u>290'</u> Well grouted to a depth of <u>16'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>270'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>Pu</u>	
Screen length: <u>20'</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Pu</u>	
Screen slot size: <u>016/012</u> inches Setting depth: From <u>270'</u> feet to <u>290'</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. If telescoped or more than one screen, describe on next page	

No pump set. Customer going to use Air Compressor

Form: OLWR-SWR-1A (04/08)

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