

Does not need part 2

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)

County: Ward
 Permit #: _____
 Driller: Office of Geology
 Date drilling completed: 11/28/16

For Office Use Only:
 Well #: F53
 Aquifer: _____
 E-Log #: F 0053

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>Patrick Vinzant</u>	Latitude: <u>32° 25' 08"</u> Longitude: <u>90° 46' 60" W</u> <u>32-25-32</u> <u>90-46-42</u>
Mailing Address: <u>7069 Hy 27</u> <u>Vicksburg MS 39180</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>25</u> T <u>17N</u> R <u>A6E</u>
Telephone No. (____) _____	<u>7</u> Miles <u>NE</u> of <u>Vicksburg</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started 1/25/16 Date drilling completed: 11/28/16 Hole depth: 430 Hole diameter: 5"

Location of the source of any surface water used for drilling: Jucker Rd Lake

Method of dosing and volume of Chlorine used in drilling and development: about 1 gal / 1000 Blush treated

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Office of Geology

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump

Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed 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

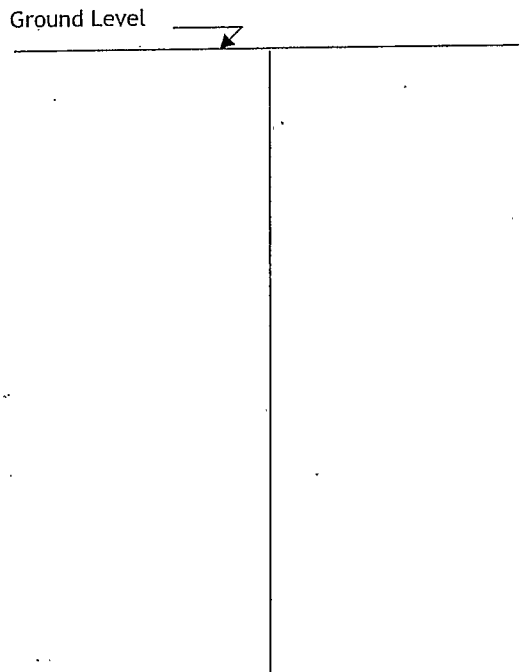
County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Loess	Ground level	53
Clay	53	80
Sandy clay	80	120
Clay	120	155
hard ledge	155	156
clay	156	168
hard ledge	168	169
clay	169	200
sandy clay	200	210
Clay	210	244
Rock	244	245
Sandy clay	245	250
Clay	250	284
Rock	284	285
Sandy clay	285	291
Rock	291	299
Clay	299	302
Rock	302	313
Sandy clay	313	334
Sand + sand stone	334	343
Clay	343	346
Sand	346	370
Sandy clay	370	380
Clay	380	395
sand	395	400
Clay	400	430

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: _____

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.

Print Name of Responsible Licensee and License No. Cletus Magee 0-619
 Date 2/11/16
 Signature of Licensee Cletus Magee