

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)

For Office Use Only:

Aquifer: _____
Well #: M 229
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-46967 ✓
Driller: J. NEWCOME 0-773
Date drilling completed: 4.9.2013

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>MARY SCOTT SMYLY</u>	Latitude: <u>33.14.40</u> Longitude: <u>90.43.54</u>
Mailing Address: <u>3514 AVON DARLOVE ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS ✓
<u>HOLLANDALE</u> MS <u>38748</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>08</u> Twn <u>16N</u> Rng <u>05W</u>
City State Zip Code	SE Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>HOLLANDALE</u>
Telephone No. () _____	
Well / Borehole Data	
Date drilling started: <u>4.9.13</u> Date drilling completed: <u>4.9.13</u> Hole depth: <u>122</u> Hole diameter: <u>2 1/2"</u>	
Location of the source of any surface water used for drilling: <u>Slough</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TABLETS</u>	
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 _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>120</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>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</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>	

Form: OLWR

RECEIVED

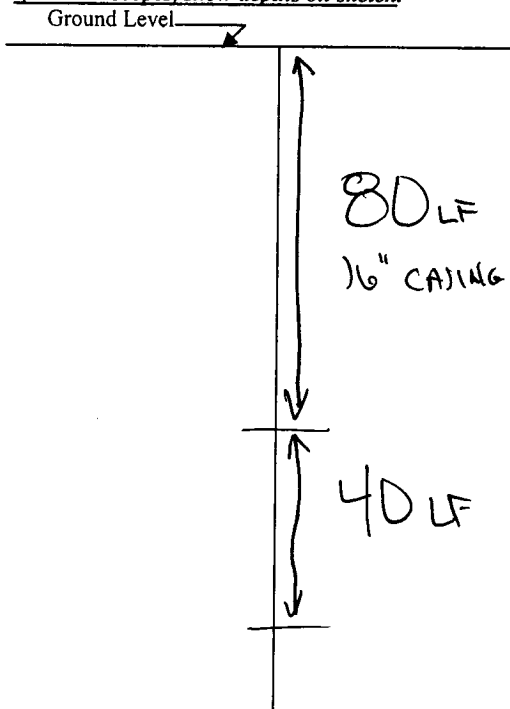
APR 18 2013

BY: OLWR

N1229

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)
TOP SOIL	Ground Level	10
CLAY	10	30
MIX FINE SAND / CLAY	30	40
FINE SAND	40	50
MEDIUM COARSE	50	60
COARSE / PEBBLES	60	105
BOTTOM	105	120

If more than one screen, show location of each on sketch

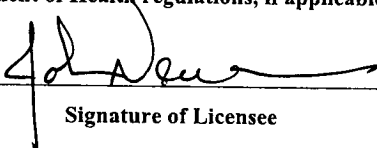
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

SIZE MAP

Landowner Name: _____

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

I 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.

JOHN NEWCOME 0.773 4.9.13 

Print Name of Responsible Licensee and License No. Date Signature of Licensee