

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)

For Office Use Only:

Well #: C78
Aquifer: _____
E-Log #: C-0078

County: WAYNE

Permit #: _____

Driller: MS OFFICE OF GEOLOGY

Date drilling completed: 10/7/2015

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Ms. Rebecca Nored	Latitude: 31 48'29"N Longitude: 88 41'33"W
Mailing Address: P.O. Box 151 Millry, AL 36558	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
	SE ¼ NE¼, Sec 28 T 10N R 7W
	_____ Miles _____ of (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/5/2015 Date drilling completed: 10/7/2015 Hole depth: 214' Hole diameter: 5"

Location of the source of any surface water used for drilling: BRANCH BY SITE

Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH TO 1000 GALLONS WATER

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

Name of organization running log(s): MDEQ/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: 214 Well grouted to a depth of: 214 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

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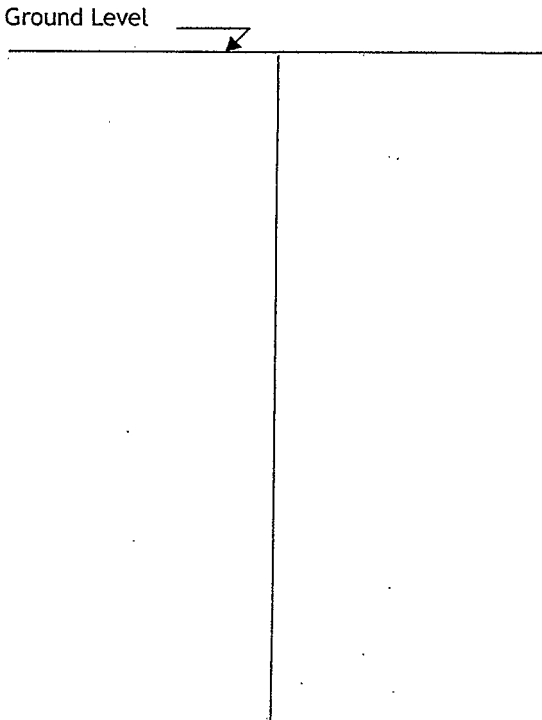
NOV 02 2015

BY: OLWR

County: WAYNE
 Permit #: _____

For Office Use Only:
 Well #: _____

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



If more than one screen, show location of each 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)
SILTY SAND	Ground level	2
WHITE CLAY	2	28
GRAY CLAY	28	81
GRAY/GREEN CLAY	81	124
GRAY/GREEN CLAY W/ HARD LEDGES	124	174
FINE SAND W/ INTERBEDDED LIME	174	184
LIME W/INTERBEDDED SAND & CLAY	184	204
GRAY/GREEN CLAY	204	214

- 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.

ARCHIE MCKENZIE UNR-555

10/20/2015

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee