

Part 2 never received 3/13

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: E125
L. S. Elevation: _____
E-log #: _____

County: George

Permit #: _____

Driller: Coast Water Well

Date drilling completed: 6-10-09 SRV.

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Larry Cox</u>	Latitude: <u>30° 50' 188"</u> Longitude: <u>088° 47' 393"</u>
Mailing Address: <u>5191 Hwy 57 South</u>	Method of Lat/Long (circle one): <u>11</u> Conventional Survey, <u>24</u>
<u>Lucedale, MS 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 33 Twn T25 Rng R 8 W</u>
Telephone No. <u>(601) 508-6465</u>	Distance Direction Nearest Town
	<u>2 1/2 Miles SOUTH of Bennetale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6-10-09 Date well drilling completed: 6-10-09

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6-10-09

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 210 FT Well depth: 210 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 200 feet to 210 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): N/A

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgell

Signature of Water Well Contractor

RECEIVED

JUL 02 2009

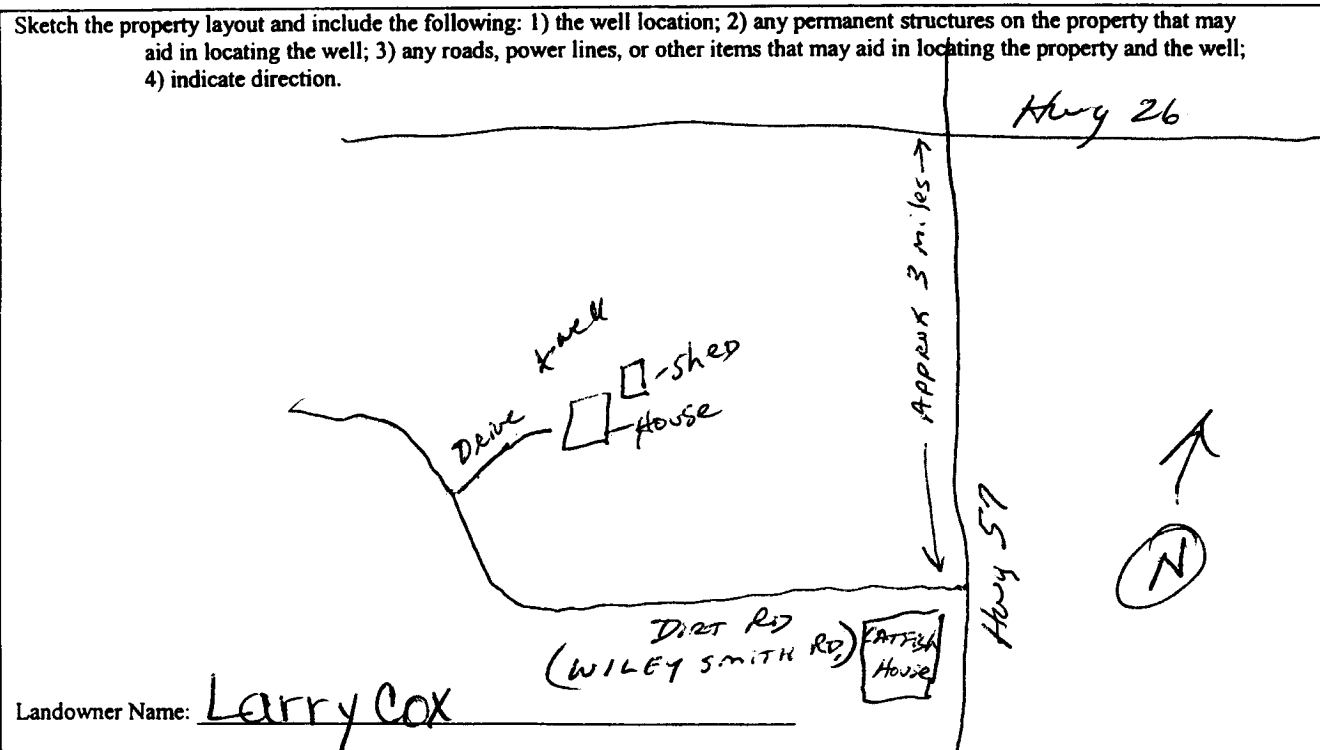
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	1
Orange and Blue Clay	1	189
Gray Medium Sand	189	210

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



John Profeler
 Signature of Water Well Contractor

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