

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)

County: George  
Permit #:  
Driller: Coast Water Well Serv  
Date drilling completed: 8-11-10

For Office Use Only:  
Aquifer: L 207  
Well #:  
L. S. Elevation:  
E-log #:

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>Terry Taylor</u>	Latitude: <u>30° 45' 13.92"</u> Longitude: <u>088° 36' 48.60"</u>
Mailing Address: <u>251 Phyllis Lane</u>	Method of Lat/Long (circle one): <u>14</u> Conventional Survey, <u>49</u>
<u>Lucedale, MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> 1/4 <u>SW</u> 1/4 Sec <u>29</u> ✓ Twn <u>T35</u> Rng <u>R6W</u> ✓
Telephone No. <u>(601) 947-8751</u>	Distance: <u>10</u> Miles Direction: <u>South</u> of Nearest Town: <u>Lucedale</u>

**Well Data**

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

Date well drilling started: 8-9-10 Date well drilling completed: 8-11-10

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 8-11-10

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

Hole depth: 368 FT. Well depth: 368 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 348 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 348 feet to 368 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 Ridgdell 0-472  
Print Name of Water Well Contractor and License No.

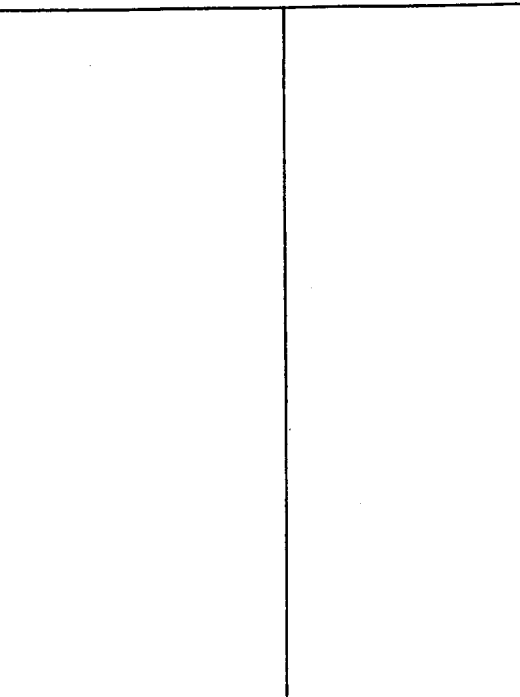
Jack Ridgdell  
Signature of Water Well Contractor

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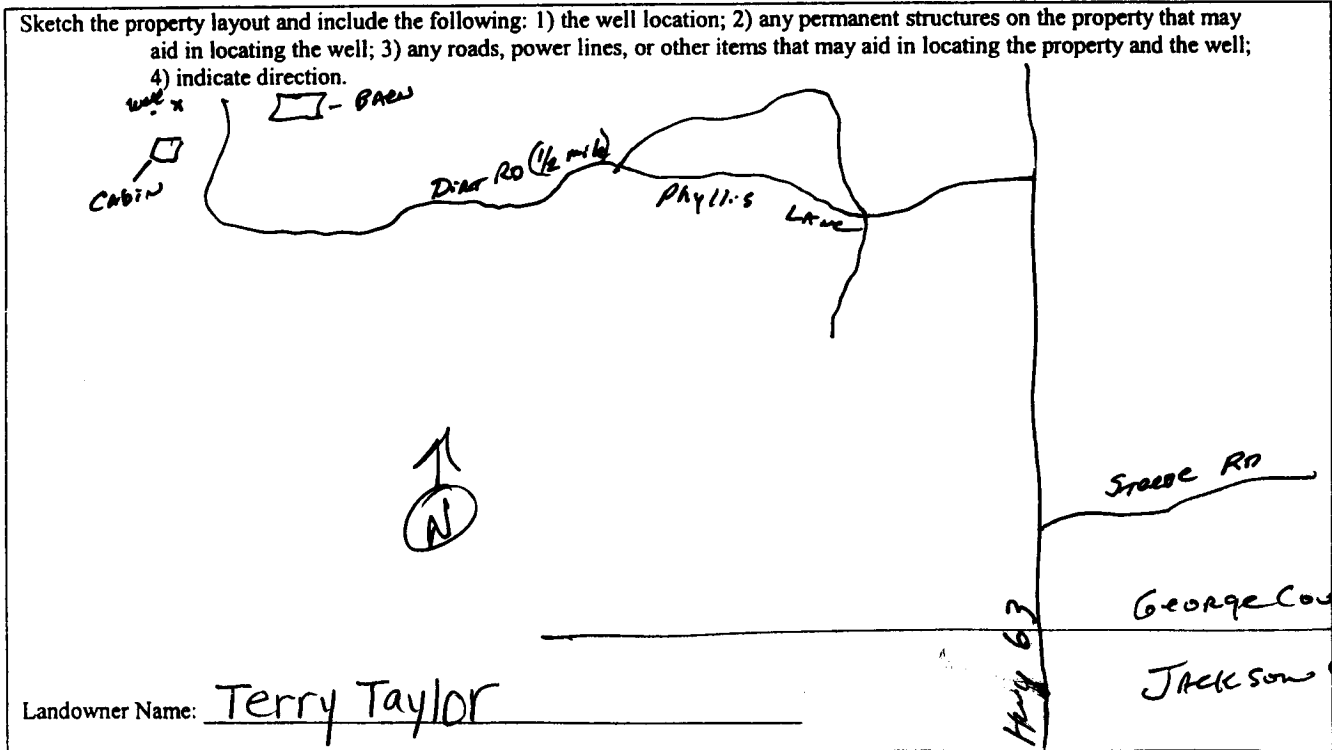
If well telescopes please sketch below and show depths.


Ground Level



Description of Formations Encountered	From	To
Topsoil	0	2
White coarse sand	2	15
Orange clay	15	25
Orange coarse sand and pea gravel	25	71
Blue clay	71	135
Brown coarse sand	135	180
Blue clay	180	186
Gray coarse sand	186	200
Blue clay	200	327
Gray coarse sand	327	368

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



  
 Signature of Water Well Contractor

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