

Coastal Drilling + Service Co.

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 #: C 356
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: R MASON
Date drilling completed: July 23

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>Henry Oledge</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>My 49</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sauvies</u>	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>55</u> Rng <u>11W</u>
City: _____ State: _____ Zip Code: <u>39574</u>	Distance: _____ Direction: _____ Nearest Town: <u>Sauvies</u>
Telephone No. <u>388 380-0309</u>	<u>2</u> Miles <u>5</u> of _____

Well Data

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

Date well drilling started: 7-23-04 Date well drilling completed: 7-23-04

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 7-23-04

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

Hole depth: 820 Well depth: 810 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 810 feet Casing diameter: 4x2 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 810 feet to 820 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: _____ 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): _____

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.

Dwight Mason 0-209 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
AUG 12 2004
BY: OLWR

no pump set on this well

