

Harrison

# State Well Report Part 1

Part 2 never received 3/13

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date drilling completed: 8-4-06

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 #: D-76  
 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>Bobby Trosclair, JR.</u>	Latitude: <u>30° 36' 37" 24</u> Longitude: <u>89° 02' 04" 04</u>
Mailing Address: <u>11127 Oakcrest Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>D'Iberville, MS 39532</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>APR 1/4 SW 28 Twn T55 Rng R1W</u>
Telephone No. <u>228 297-4247</u>	Distance: <u>8</u> Miles Direction: <u>SE</u> Nearest Town: <u>Savvier</u>

**Well Data**

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

Date well drilling started: 8-2-06 Date well drilling completed: 8-4-06

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 8-4-06

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

Hole depth: 437 Well depth: 437 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 422 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 422 feet to 437 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): 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 Bidgdell 0-472  
 Print Name of Water Well Contractor and License No.

Jack Bidgdell RECEIVED  
 Signature of Water Well Contractor  
 AUG 28 2006

BY: OLWR

If well telescopes please sketch below and show depths.

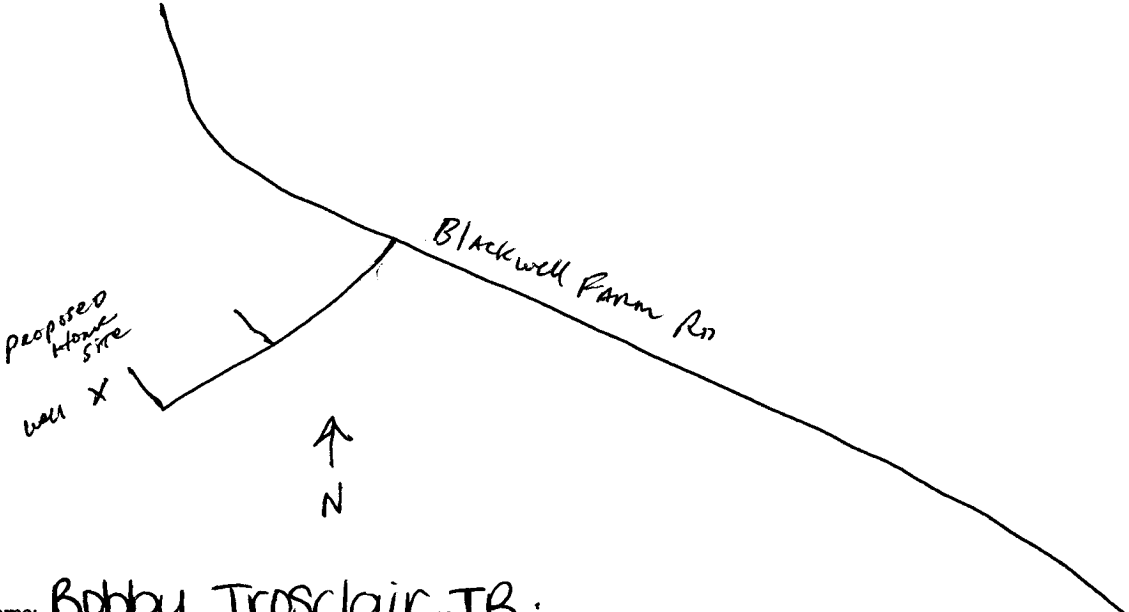
D-76

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	1
Orange clay	1	12
Brown coarse sand	12	80
Orange clay	80	118
Blue clay w/ streaks of sand	118	409
Gray coarse sand	409	437

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) indicate direction.



Landowner Name: Bobby Troscclair, JR.

*Jack Rial*  
 Signature of Water Well Contractor

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