

Part 1 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: J 390
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Harrison
Permit #: _____
Driller: Coast Water Wells, Inc
Date drilling completed: 5/11/12

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>Southern Well Services / Steven D. Angel</u>	Latitude: <u>30.23.32.70</u> Longitude: <u>089.14.41.97</u>
Mailing Address: <u>Plantation Oaks</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pass Christian, Ms 39571</u>	<u>1/4 SW 1/4 Sec 36 Twn 7S Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-219-6270</u>	Miles of _____

Well Data

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

Date well drilling started: 5/9/12 Date well drilling completed: 5/11/12

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

Static Water Level: 45 feet above of below (circle one) land surface Date measured: 5/11/12

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

Hole depth: 689 FT Well depth: 689 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 659 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 659 feet to 689 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.

Signature of Water Well Contractor

RECEIVED
JUN 06 2012
BY OLWR

