Part 2 never received State W	ell Report	For Office Use Only:	
	Part 1		
County: Left 36 A	Mississippi Department of Environmental Quality		
Permit #: Office of Land a	and Water Resources	Aquifer: 291	
	Box 10631	Well #: 4 576	
1 Parisal File T Will TT F LOW LIST VI	1S 39289-0631	L. S. Elevation:	
	961-5210	L. J. Dievation.	
(601)35	4-6938 (fax)	E-log #:	
	' '		
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within	
30 days of completion of drilling of the well.			
Well Owner Information		Location 89	
Owner Name Coast Water Works	Latitude: 30 • 20 : 395	" Longitude: 18 13 846"	
Mailing Address: JONS Rd.	Method of Lat/Long (circle on	e): Conventional Survey,	
2		GPS. Survey-grade GPS	
Paschristain, MS City State Zip Code	Story Set 1/ Sec US	Twn 785 Rng R12 W	
City State Zip Code	NE NW 19		
1	Distance Direction	Nearest Town	
Telephone No. 238 388 - 4243	Miles Nonth	Nearest Town of Pass Chairtan	
W.II.	WEB!		
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 11-27-07 Date w			
If flowing, method of flow regulation: Valve Other (d		_	
Static Water Level:feet above or below (circle one) l	and surface Date measured:	12-1-07	
Method of Measurement (circle one) steel tape electric tape			
Hole depth: 650 FT. Well depth: 650 FT Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix		2 11 -	
Casing length: 6 feet Casing diameter: 4 inches Type of casing: 6 VC			
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC			
Screen slot size: 1008 inches Setting depth: From <u>620</u> feet to <u>650</u> 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: NA 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):			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations	and state laws.	
Jack Kidgdell U-472	_ fresh to	Edge Isla-	
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor	

If well telescopes	please	sketch	below	and	show	depths.
--------------------	--------	--------	-------	-----	------	---------

Ground Level		
	:	
•		

Description of Formations Encountered	From	То
Topsoil	0	3
Orange Clay	a	8
Orange Coarse	8	18
White Clay	18	رکات
white coarse sand	35.	64
Blue Clay Wistreaks of Sand	64	294
Gray Codrise Sand	294	3 <i>1</i> 7
Blue Clay	3/7	WIL
Gray Coarse, San	610	650
	ļ	

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 aid in locating the well; 3) any roads, power lines, or other items that may aid if 4) indicate direction.	structures on the property that may n locating the property and the well;
Jones Ro	
x weil	\$
over	Me rape.
Landowner Name: COCH WOHL WORKS	

Signature of Water Well Contractor