

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)

For Office Use Only:

Aquifer: _____
Well #: A-98
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well Serv.

Date drilling completed: 3-16-07

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

Owner Name: Bill Campbell

Mailing Address: Hwy 57

Vancleave MS 39565
City State Zip Code

Telephone No. (601) 861-9600

Well Location

Latitude: 30° 41' 48.1" Longitude: 088° 44' 14.4"
29 08

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 NE 1/4 Sec 34 Twn 745 Rng R8W

Distance 1 1/2 Miles Direction NNW of Nearest Town Vancleave

Well Data

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

Date well drilling started: 3-16-07 Date well drilling completed: 3-16-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-16-07

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

Hole depth: 188 FT. Well depth: 188 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 178 feet Casing diameter: 2 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 178 feet to 188 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
RECEIVED
APR 19 2007

BY: OLWR

