

State Well Report

Part I

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:

County: JACKSON

Permit #: _____

Driller: Coast Water Well Serv

Date drilling completed: 8/18/08

Aquifer: _____

Well #: A-121

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>Mike Davis</u>	Latitude: <u>30° 40' 618"</u> Longitude: <u>088° 48' 543.33"</u>
Mailing Address: <u>Wilson Cemetery Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vandave</u> <u>Ms.</u> <u>39565</u>	<u>SW 1/4 SE 1/4</u> Sec <u>20</u> Twn <u>T4S</u> Rng <u>R8 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 217-5478</u>	<u>12</u> Miles <u>North</u> of <u>Vandave</u> <u>west</u>

Well Data

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

Date well drilling started: 8/18/08 Date well drilling completed: 8/18/08

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 8/18/08

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

Hole depth: 267 ft Well depth: 267 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 257 feet Casing diameter: 2" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 257 feet to 267 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: _____

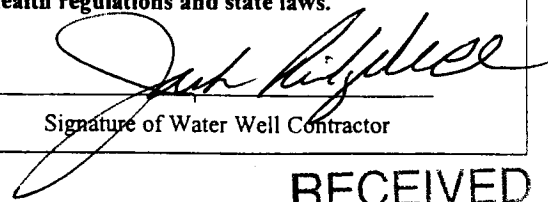
Name of organization running log(s): N/A

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



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BY: OLWR

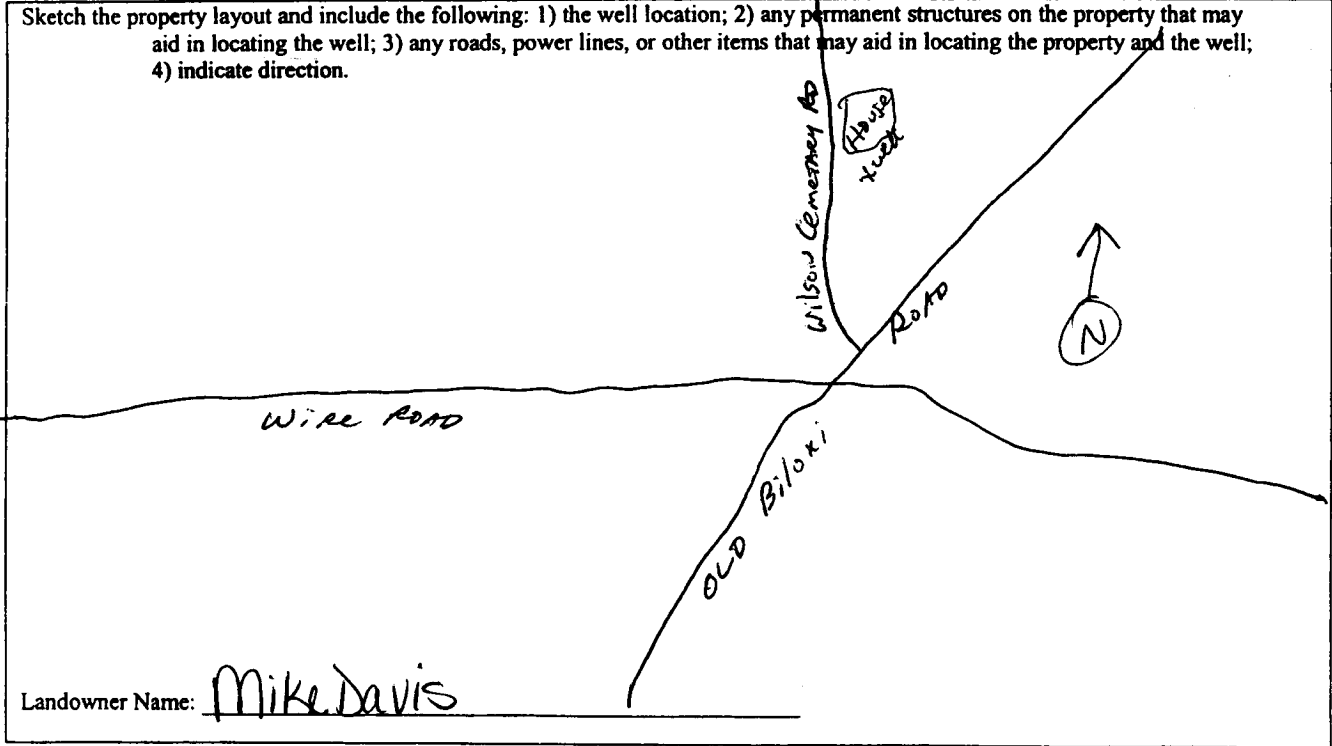
If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
TOPSOIL	0	2
Orange + Blue clay	2	240
Gray medium Sand	240	267

If more than one screen, show location of each on sketch



Jan Ruffelle

 Signature of Water Well Contractor

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