

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: C 148
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well SRV.
Date drilling completed: 6/15/12

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>Lee Ardoin</u>	Latitude: <u>30° 42' 7.50"</u> Longitude: <u>88° 33' 53.10"</u>
Mailing Address: <u>Pine Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Lucedale, MS 39452</u>	APR 1/4 NE 1/4 Sec 14 Twn 16 S Rng 6 W
City State Zip Code	SE NE 15 AS 6W
Telephone No. <u>337-331-2094</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NORTH</u> of <u>WADE</u>

Well Data

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

Date well drilling started: 6/14/12 Date well drilling completed: 6/15/12

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 6/15/12

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

Hole depth: 247 FT Well depth: 247 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 237 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 237 feet to 247 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 RECEIVED Jack Ridgell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

JUN 20 2012

BY: OLWR

