

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)

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells, Inc
 Date drilling completed: 6-22-05

For Office Use Only:
 Aquifer: _____
 Well #: D-202
 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>Kenneth + Sue Cronier</u>	Latitude: <u>30° 41' 09.3"</u> Longitude: <u>088° 27' 26.4"</u>
Mailing Address: <u>23452 Red Bluff RD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>06</u>
<u>MOSS POINT, MS 39562</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>N40 1/4 N40 1/4 Sec 23 Twn 74S Rng R5W</u>
Telephone No. <u>601 588-3925</u>	SE NE Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Harley</u>

Well Data

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

Date well drilling started: 6-22-05 Date well drilling completed: 6-22-05

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 6-22-05

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

Hole depth: 147' Well depth: 147' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 137 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 137 feet to 147 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. Signature of Water Well Contractor

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D-202

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
TOP SOIL	0	3
White Clay	3	20
White Coarse Sand	20	37
Blue Clay	37	64
White Coarse Sand	64	89
Blue clay	89	97
White Coarse Sand	97	147

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 structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Well X

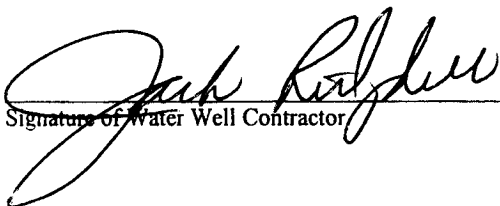
House

Driveway

Red Bluff Rd

↑
N

Landowner Name: Kenneth + Sue Cronier



 Signature of Water Well Contractor

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