

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 #: E-90
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: COAST WATER WELL
Date drilling completed: 8-5-04

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>DAVID LAWRENCE</u>	Latitude: <u>30° 38' 49.275"</u> Longitude: <u>88° 49' 27.5"</u>
Mailing Address: <u>O'NEAR RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>VANCLAVE MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>N 1/4 NE 1/4 Sec 6</u> <input checked="" type="checkbox"/> Twn <u>T55</u> Rng <u>R8W</u>
Telephone No. <u>(228) 217-6222</u>	Distance <u>11</u> Miles Direction <u>NW</u> of Nearest Town <u>VANCLAVE</u>

Well Data

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

Date well drilling started: 8-5-04 Date well drilling completed: 8-5-04

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 8-5-04

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

Hole depth: 336 Well depth: 336 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 321 feet Casing diameter: 2 inches Type of casing: PVC F480

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC WOP

Screen slot size: 0004 inches Setting depth: From 321 feet to 336 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 Jack RidgdeLL
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWF

If well telescopes please sketch below and show depths.

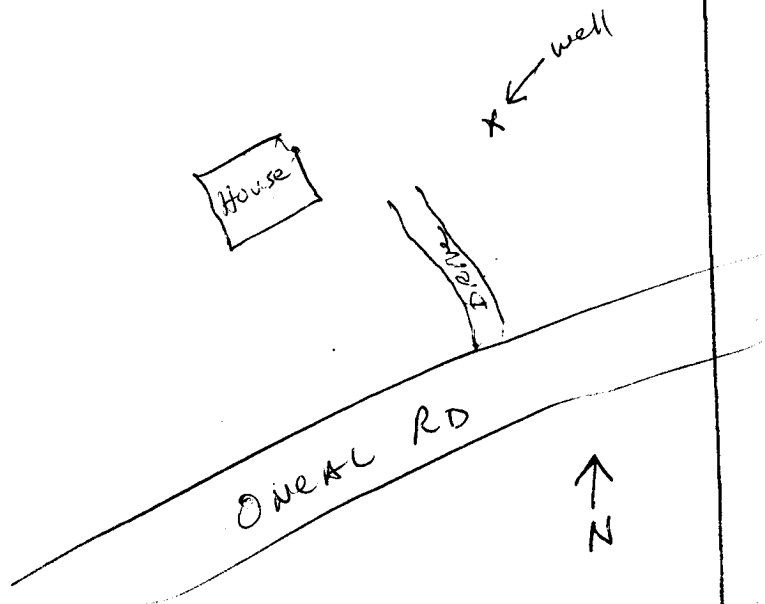
Ground Level

E-90

Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	18
Brown Coarse Sand	18	30
Orange Clay	30	65
Brown Coarse Sand	65	90
Blue Clay	90	300
Gray Medium Sand	300	336

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.



Landowner Name: David Lawrence

Jack Fitzgerald
Signature of Water Well Contractor

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