

Part 2 never received 3/13

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)

County: Jackson
 Permit #: _____
 Driller: B. Mason
 Date drilling completed: 10-6-04
Mason Water Works, LLC

For Office Use Only:
 Aquifer: _____
 Well #: E-95
 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>Mr. Murry</u>	Latitude: <u>30° 37' 38"</u> Longitude: <u>88° 51' 17"</u>
Mailing Address: <u>19700 Summer</u> <u>Ocean Springs</u> <u>MS 39564</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NE 1/4 Sec 11 Twn 55 Rng 9W</u>
Telephone No. () <u>972-702</u>	Distance: <u>15</u> Miles Direction: <u>N</u> of Nearest Town: <u>Ocean Springs</u>

Well Data

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

Date well drilling started: 10-6-04 Date well drilling completed: 10-6-04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-6-04

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

Hole depth: 600 Well depth: 590 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 590 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 590 feet to 600 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: _____ 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): _____

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BY: OLWR

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.

Dwight Mason 0-209 Dwight Mason
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

* NO pump installed

