

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)

For Office Use Only:

Aquifer: E 174
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Wells SRV.
Date drilling completed: 10/13/10

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>Michael Ransom</u>	Latitude: <u>30° 36' 22.98"</u> Longitude: <u>088° 50' 20.20"</u>
Mailing Address: <u>Double Still Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>23</u>
<u>Vancleave, MS 39565</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 13</u> ✓ TwN <u>T55</u> Rng <u>R9W</u>
Telephone No. <u>(228) 669-7824</u>	Distance <u>1</u> Miles <u>SOUTH</u> Direction of <u>Lawrence</u> Nearest Town

Well Data

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

Date well drilling started: 10/13/10 Date well drilling completed: 10/13/10

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 10/13/10

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

Hole depth: 187 FT. Well depth: 187 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 177 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 177 feet to 187 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.

Jack Ridgdell
Signature of Water Well Contractor

8174

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsoil	0	2
Orange Clay	2	72
Orange Coarse Sand	72	112
Blue Clay	112	174
Gray Coarse Sand	174	187

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: Michael Ransom

x well
U - mobile home

Jack Bridgman
Signature of Water Well Contractor

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
WATER WELL CONTRACT