

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: _____
Well #: F-334
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coastwater Well Serv.

Date drilling completed: 3-16-07

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>Jeremy Miller</u>	Latitude: <u>30° 36' 01"</u> Longitude: <u>088° 38' 39"</u>
Mailing Address: <u>River Bluff Subdivision</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>LOT 27</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Vancleave MS 39565</u>	<u>SE</u> 1/4 NW 1/4 Sec <u>24</u> TwN <u>T55</u> Rng <u>R7W</u>
City State Zip Code	NW
Telephone No. <u>688-217-0070</u>	Distance <u>5 1/2</u> Miles Direction <u>NE</u> of Nearest Town <u>Vancleave</u>

Well Data

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

Date well drilling started: 3-16-07 Date well drilling completed: 3-16-07

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

Static Water Level: 95 feet above or (below) (circle one) land surface Date measured: 3-16-07

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

Hole depth: 235 FT. Well depth: 235 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 225 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 225 feet to 235 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

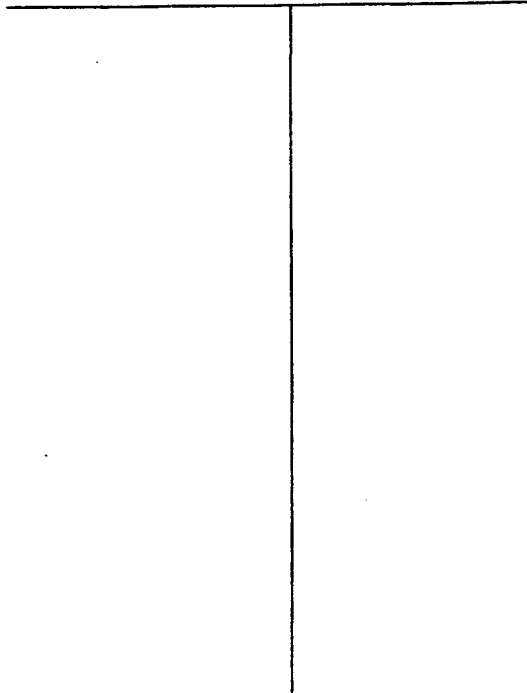
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor
RECEIVED
APR 19 2007

BY: OLWR

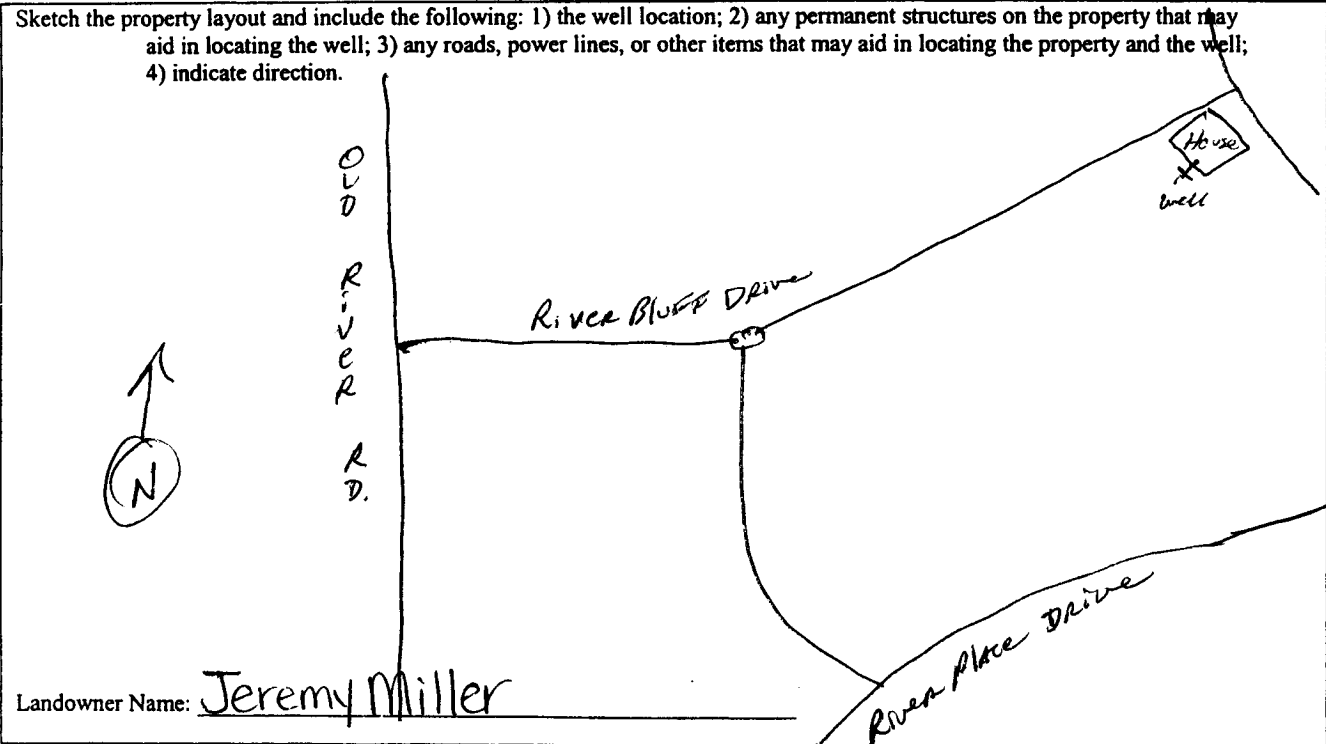
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	10
Brown Coarse Sand	10	34
Blue Clay	34	210
Gray Medium to Coarse Sand	210	335

If more than one screen, show location of each on sketch



 Signature of Water Well Contractor

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