

Part 2 never received

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Serv.  
 Date drilling completed: 11-19-10

## 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: F 434  
 Well #: \_\_\_\_\_  
 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>Tony Parnell Land and Cattle Co.</u>	Latitude: <u>30° 34' 1.98"</u> Longitude: <u>088° 43' 39.24"</u>
Mailing Address: <u>P.O. Box 5128</u> <u>15701 Hwy 57</u> <u>Vanceleave, Ms 39565</u>	Method of Lat/Long (circle one): Conventional Survey, <u>02</u> USGS quad, <u>hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	SE <u>1/4</u> SW <u>1/4</u> Sec <u>31</u> Twn <u>T5 S</u> Rng <u>R7 W</u>
Telephone No. <u>601 826-4113</u>	Distance: <u>4</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Vanceleave</u>

**Well Data**

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

Date well drilling started: 11-19-10 Date well drilling completed: 11-19-10

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 11-19-10

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

Hole depth: 147 FT. Well depth: 147 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 132 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 132 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

**RECEIVED**  
 NOV 24 2010  
 BY: OLWR

