

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: G 2nd
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells Serv
 Date drilling completed: 3-7-12

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>Southern Well</u>	Latitude: <u>30° 35' 11.28"</u> Longitude: <u>088° 33' 42.06"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	USGS quad, <u>NW 1/4, NW 1/4 Sec 26, Twn 16S, Rng 65W</u>
Telephone No. <u>(228) 219-6270</u>	Distance <u>4</u> Miles <u>South</u> of <u>Wade</u>

Well Data

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

Date well drilling started: 3/7/12 Date well drilling completed: 3/7/12

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 3/7/12

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

Hole depth: 75 FT Well depth: 75 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 65 feet to 75 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 Ridgell 0-472
 Print Name of Water Well Contractor and License No.

Jack Ridgell
 Signature of Water Well Contractor

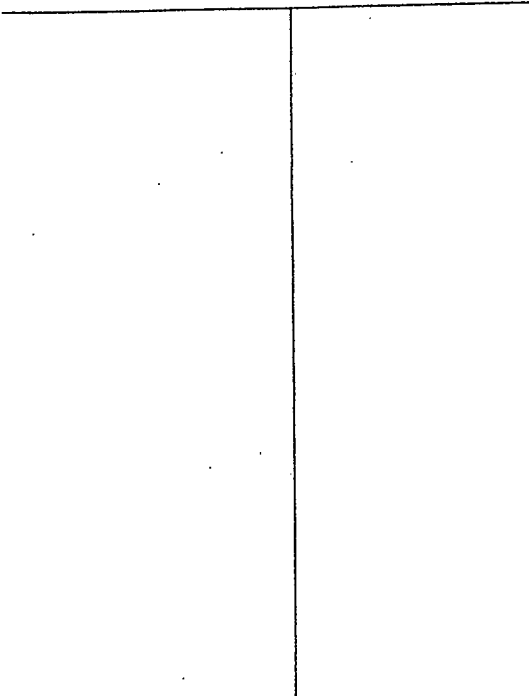
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If well telescopes please sketch below and show depths.

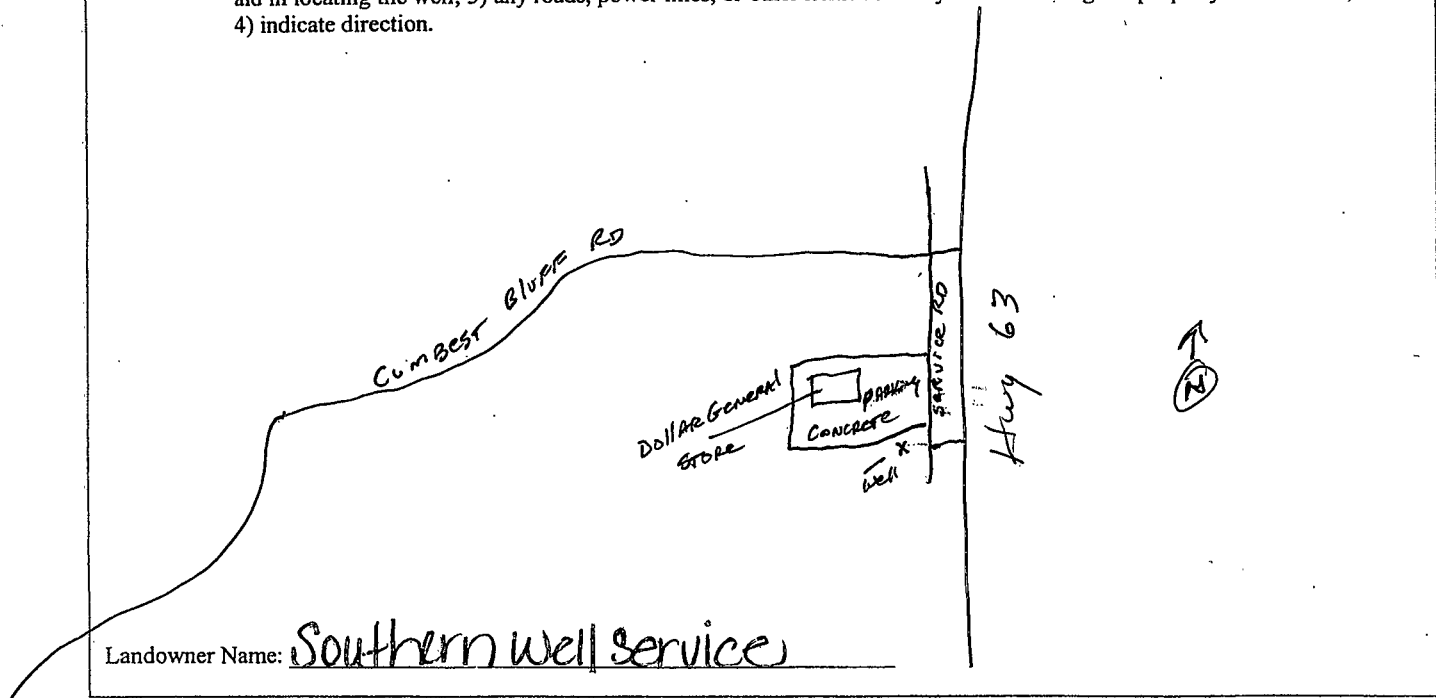
Ground Level



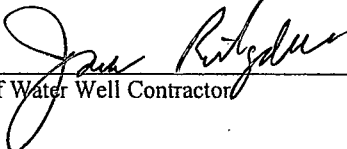
Description of Formations Encountered	From	To
Orange Clay	0	20
Orange coarse Sand	20	40
Orange clay	40	47
Orange coarse Sand w/peagravel	47	75

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: Southern Well Service


Signature of Water Well Contractor

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BY: OLWR

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