

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 #: 5-331
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: COAST WATERWELL
Date drilling completed: 8-16-04

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 BATES</u>	Latitude: <u>30° 31' 09.8"</u> Longitude: <u>088° 46' 58.1"</u>
Mailing Address: <u>RIDGELAND RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>VANLEAVE MS 39565</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 15 Twn T6S Rng R8W</u>
Telephone No. <u>(228) 327-4705</u>	Distance: <u>5 1/2</u> Miles Direction: <u>West</u> of Nearest Town: <u>VANLEAVE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-16-04 Date well drilling completed: 8-16-04
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 50 feet above of below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 208' Well depth: 208' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 198 feet Casing diameter: 2 inches Type of casing: PVC 480
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC WOP
Screen slot size: .004 inches Setting depth: From 198 feet to 208 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.

[Signature]
Signature of Water Well Contractor

RECEIVED

AUG 19 2004

BY: OLWR

