

### 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)

County: Jackson 011  
 Permit #: \_\_\_\_\_  
 Driller: R. Mason  
 Date drilling completed: 9-1-04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-332  
 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>Mr. Detant</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9909 Shelton Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>6S</u>
<u>Vanclave</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS 39564</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>05</u> Rng <u>8W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>228 875-7372</u>	<u>2</u> Miles <u>N</u> of <u>Clear Springs</u>

**Well Data**

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

Date well drilling started: 9-1-04 Date well drilling completed: 9-1-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 9-1-04

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

Hole depth: 350 Well depth: 340 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 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 340 feet to 350 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: \_\_\_\_\_ 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): \_\_\_\_\_

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.

Dwight Mason 0209 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

*Coastal Drilling and Service Company*  
*no pump set*

If well telescopes please sketch below and show depths.

J-332

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	1	13
clay	13	70
Blue clay	70	140
hard blue clay	140	200
sand	200	230
clay	230	300
Hard clay	300	340
course sand	340	350

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.

South of land in back corner.

Landowner Name: Mr. Sefant

Dej. Mon  
Signature of Water Well Contractor

no pump set