

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 #: J-379
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: COAST WATER WELLS INC

Date drilling completed: 10-31-05

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

Owner Name: Norman Overstreet

Mailing Address: Hwy 57

Vanceleave Ms 39565
City State Zip Code

Telephone No. (228) 381-0007

Well Location

Latitude: 30° 28' 55" N Longitude: 088° 42' 43" W

Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS

USGS quad, 55

SE 1/4 NW 1/4 Sec 32 Twn T6S Rng R8W

SW Distance 3 Miles Direction South of Nearest Town Vanceleave

Well Data

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

Date well drilling started: 10-31-05 Date well drilling completed: 10-31-05

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 10-31-05

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

Hole depth: 168' Well depth: 168' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 158 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 158 feet to 168 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

RECEIVED

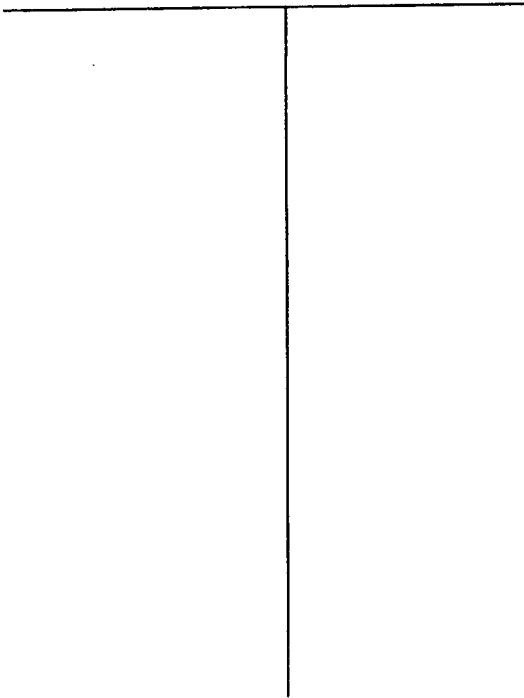
NOV 17 2005

BY: OLWR

J-379

If well telescopes please sketch below and show depths.

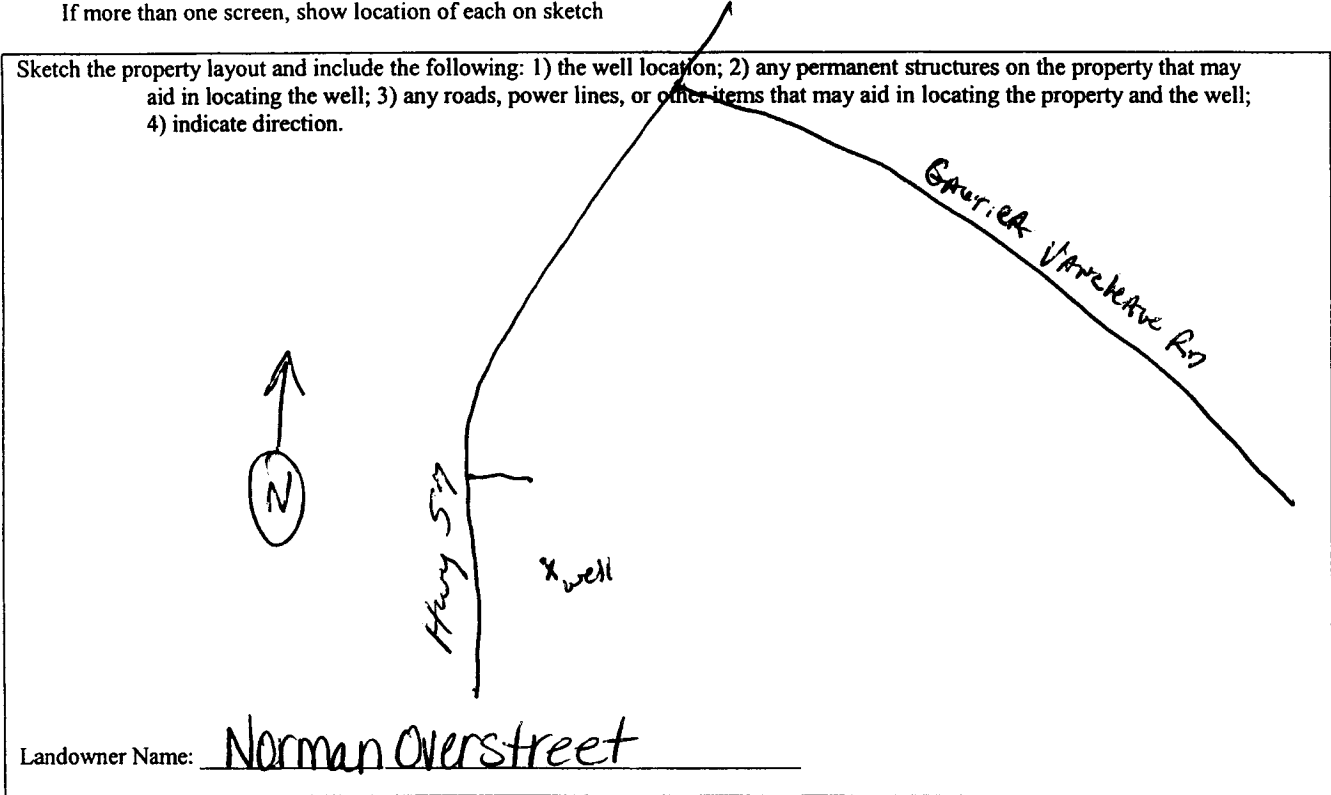
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay w/ streaks of Sand	2	129
Gray Coarse Sand	129	168

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.



[Signature]
Signature of Water Well Contractor

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