

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)

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Well Serv.  
 Date drilling completed: 3-14-06

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: J-409  
 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>Brandi Pierce</u>	Latitude: <u>30° 29' 37"</u> Longitude: <u>088° 44' 38"</u>
Mailing Address: <u>Cherokee Rose Rd.</u>	Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>19</u>
<u>Vanderve</u> MS <u>39565</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>25</u> Twn <u>T6S</u> Rng <u>R8W</u>
Telephone No. <u>(228) 861-2331</u>	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>SW</u> of <u>Vanderve</u>

**Well Data**

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

Date well drilling started: 3-14-06 Date well drilling completed: 3-14-06

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

Static Water Level: 85 feet above or (below) (circle one) land surface Date measured: 3-14-06

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

Hole depth: 400 Well depth: 400 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 385 feet Casing diameter: 2 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 385 feet to 400 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.

Jane Ridgdell  
Signature of Water Well Contractor

RECEIVED  
APR 10 2006  
BY: OLWR

