

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: State Jackson
Permit #: _____
Driller: Lyman Well
Date drilling completed: 4/23/08

For Office Use Only:
Aquifer: _____
Well #: J-497
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>Chris GATES</u>	Latitude: <u>88° 50' 44.25"</u> Longitude: <u>30° 30' 33.942"</u>
Mailing Address: <u>2200 Turning Leaf Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs MS 39564</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>24</u> Twn <u>6 S</u> Rng <u>9 W</u>
Telephone No. <u>228 238-7777</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well Data

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

Date well drilling started: 4/17/08 Date well drilling completed: 4/23/08

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

Static Water Level: 12' feet above or below (circle one) land surface Date measured: 4/23/08

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

Hole depth: 1030 Well depth: 1020 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 970 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: 1008 inches Setting depth: From 970 feet to 1020 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): MDEQ

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.

Josh Lederer 0-640
Print Name of Water Well Contractor and License No.

Josh Lederer
Signature of Water Well Contractor

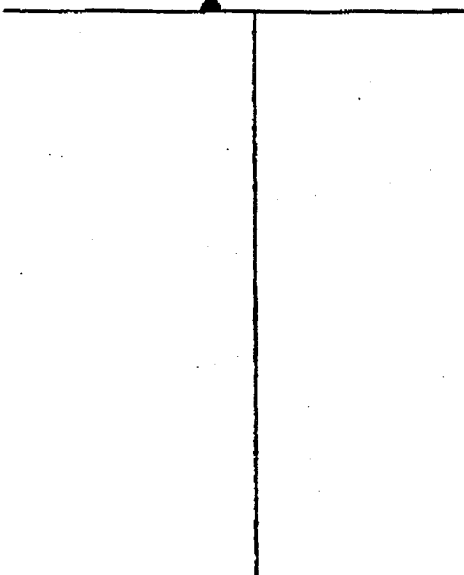
RECEIVED
MAY 12 2008
BY: OLWR

J-497

The sketch below only required for water wells.

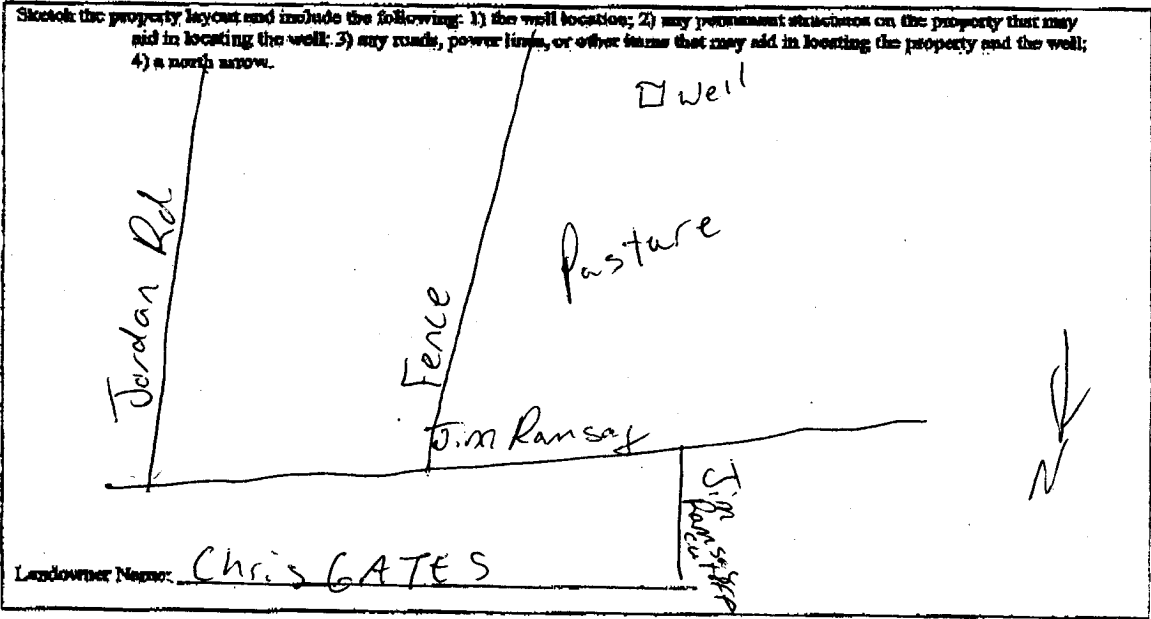
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes show depths on sketch, Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	165
fine sand	165	200
Clay	200	450
Sand	450	480
Clay	500	480
medium sand	930	1030

If more than one screen, show location of each on sketch.



Form OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Josh Kadner 0-640 4/25/08 *Josh Kadner*

Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
MAY 12 2008
BY: OLWR