

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-517  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Coast Water Well Serv.  
Date drilling completed: 10/23/08

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>Mike Wood</u>	Latitude: <u>30° 28' 59" N</u> Longitude: <u>088° 44' 57" W</u>
Mailing Address: <u>Box Rd.</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> Survey-grade GPS
<u>Vandleave, MS 39565</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4</u> Sec <u>36</u> Twn <u>T65</u> Rng <u>R8W</u>
Telephone No. <u>601-826-5405</u>	Distance: <u>4 1/2</u> Miles <u>South West</u> of <u>Vandleave</u>

### Well Data

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

Date well drilling started: 10/23/08 Date well drilling completed: 10/23/08

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: 10/23/08

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

Hole depth: 74 FT Well depth: 74 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 64 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 64 feet to 74 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

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NOV 20 2008

BY: OLWR

