

Coastal Drilling & Service Co.

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 #: K-417
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Ronnie Mason
Date drilling completed: 7/17/04

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>San Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1348 Hwy 57</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vanceleave, MS. 39564</u>	1/4 _____ 1/4 Sec. <u>5</u> Twn <u>6-S</u> Rng <u>7-W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>(828) 826-3314</u>	Miles _____ of _____

Well Data

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

Date well drilling started: 7/17/04 Date well drilling completed: 7/17/04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 7/18/04

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

Hole depth: 310 Well depth: 310 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 2" inches Type of casing: P.V.C.

Screen length: 10 feet Screen diameter: 2" inches Type of screen: P.V.C.

Screen slot size: .006 inches Setting depth: From 300 feet to 310 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 Red Mason 0-209 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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AUG 06 2004

BY: OLWR

