

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-421
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: COAST WATER WELL
Date drilling completed: 8-10-04

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>DESOTO LAND & TIMBER CO</u>	Latitude: <u>30° 31' 58" N</u> Longitude: <u>088° 39' 18" W</u>
Mailing Address: <u>P.O. Box 219</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SAUCOER, MS. 39574</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N 1/4 NE 1/4 Sec. 14 T 6 S R 7 W</u>
Telephone No.: <u>(228) 832-4946</u>	Distance: <u>2</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>VANLEAVEN</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>8-10-04</u> Date well drilling completed: <u>8-10-04</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe): _____	
Static Water Level: <u>30</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-10-04</u>	
Method of Measurement (circle one): steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>130'</u> Well depth: <u>130'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>120</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC F480</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC SOFT 80 S AWED</u>	
Screen slot size: <u>1006</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	
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.	
<u>JACK RIDGELL 0-472</u>	<u>Jack Ridgell</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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AUG 19 2004

BY: OLWR

