

Part 2 never received 3/13

# State Well Report Part 1

For Office Use Only:

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coastwaterwellsrv.  
 Date drilling completed: 12-8-07

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)

Aquifer: \_\_\_\_\_  
 Well #: K-587  
 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>Math Cochran</u>	Latitude: <u>30° 30' 55"</u> Longitude: <u>088° 43' 67.2"</u>
Mailing Address: <u>Pinewood Hills Dr.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Vanceleave Ms 391565</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 Sec 19</u> Twn <u>T6 S</u> Rng <u>R7 W</u>
Telephone No. ( ) _____	Distance <u>2 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Vanceleave</u>

**Well Data**

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

Date well drilling started: 12-7-07 Date well drilling completed: 12-7-07

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 12-7-07

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

Hole depth: 215 FT. Well depth: 215 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 205 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 205 feet to 215 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.

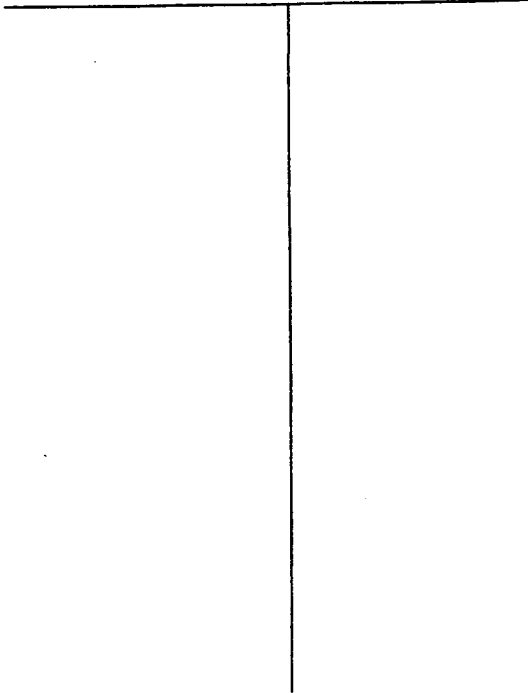
[Signature]  
 Signature of Water Well Contractor

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 JAN 10 2008  
 BY: OLWR

K-587

If well telescopes please sketch below and show depths.

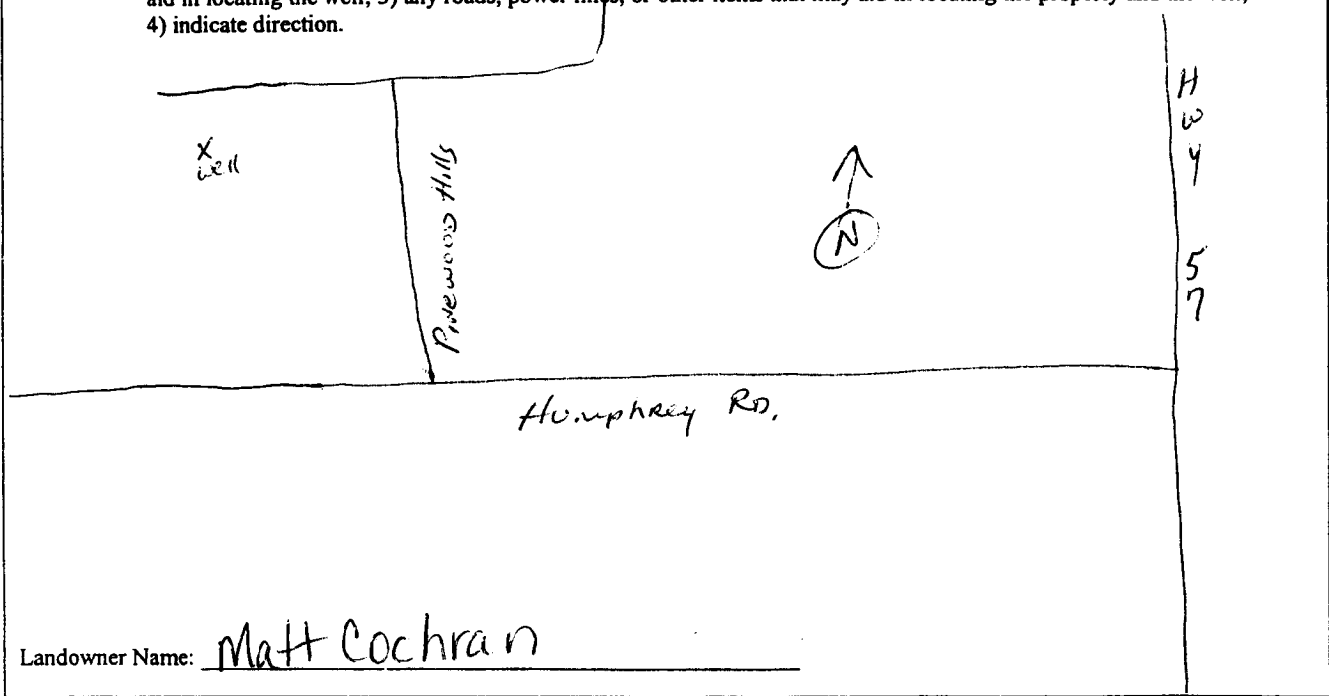
Ground Level



Description of Formations Encountered	From	To
TOPSOIL	0	2
orange clay w/streaks of sand	2	26
blue clay w/streaks of sand	26	136
Blue clay	136	200
Gray Medium Sand	200	215

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Matt Cochran

[Signature]  
 Signature of Water Well Contractor

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