

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: JACKSON
 Permit #: _____
 Driller: C. HARRIS OVERSEER
Coast Water Well Service
 Date drilling completed: 10/26/04

For Office Use Only:
 Aquifer: _____
 Well #: N-0878
 L. S. Elevation: _____
 E-log #: N-0878

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>SUNSET BAY GOLF CLUB</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vandeventer MS 39565</u>	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>T7S</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 10/25/04 Date well drilling completed: 10/26/04

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

Static Water Level: N/A feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 505 Well depth: None Made Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

Jack Roggell 0-492
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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