State Well Report 224 For Office Use Only: Part 1 County: TACKSON Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Permit #: Well #: | P.O. Box 10631 Driller: Coastillater NEUSrv Jackson, MS 39289-0631 L. S. Elevation: Date drilling completed: 10-27-04 (601)961-5210 E-log #: (601)354-6938 (fax) 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 Location Well Owner Information 2005t Research Labortory Latitude: 30 • 23 ' (18)" Longitude (188 • 46 ' 8160" Owner Name Sto Method of Lat/Long (circle one): Conventional Survey, Mailing Address: Gollott RD. OCEAN SPRINGS MS. USGS quad, (Hand-held GPS,) Survey-grade GPS 1/4 5/ 1/4 Sec_ 34 JTwn 775 Rng R8W ean Springs NW Distance Direction Nearest Town of OCEAN Springs /N Miles Telephone No. (Well Data Other: Test **Public Supply** Irrigation (Fish Culture) Industrial Purpose of Well (circle one) Home Date well drilling completed: 10-27-04 Date well drilling started: _____ D-2(n-04 If flowing, method of flow regulation: Valve NA Other (describe) (air line) other: electric tape Method of Measurement (circle one) steel tape Well grouted to a depth of ______ feet 157 Hole depth: 100' Well depth: Type of grout (circle one): Cement Bentonite Mix Type of casing: PVC inches Э Casing length: 147 feet Casing diameter: Type of screen: $_{\rho \cup C}$ Screen diameter: $_ \mathcal{P}$ inches Screen length: feet Setting depth: From _____ 47 feet to 157 feet Screen slot size: , OOR inches Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole (Natural Development) Other (describe): _ \mathcal{N}/\mathcal{A} feet. If telescoped or more than one screen, describe on back of page Top of lap pipe or reduction in casing: ____ Logs run (circle all applicable): No log run (Electric) Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): MDEQ 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. 1 dell Jack Ridgdell Signature of Water Well Contractor Print Name of Water Well Contractor and License No. NOTE: NO PUMP - TEST WELL FOR WATER STATES BY: OIWR

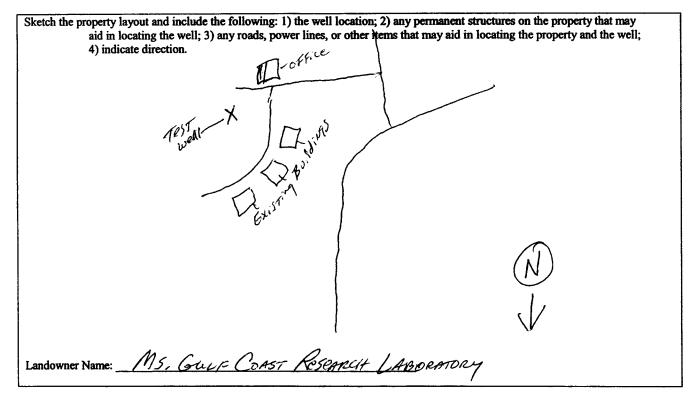
If well telescopes please sketch below and show depths.



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Description of Formations Encountered	From	То
TROSPIL	0	a
Blue Clay W streaks OF Sand	A	ω
White Course Sand	<u>l leçi</u>	ЖH
Gray Carsesand	120	193
Gray Coursesand	128	139
Gray Coarse Sand	139	157
Blue Clay	157	160
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If more than one screen, show location of each on sketch



back Rilgfiel Signature of Water Well Contractor

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