

# 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: 879  
 Well #: N-883  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Coast Water Wells Srvc  
 Date drilling completed: 10-27-04

Coastal Water Well Service, Inc

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>Gulf Coast Research Laboratory</u> <small>USM Cedar Point</small>	Latitude: <u>30° 23' 00"</u> Longitude: <u>88° 46' 52"</u>
Mailing Address: <u>Gollett Rd.</u> <u>Ocean Springs, Ms.</u> <u>Ocean Springs Ms 39564</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 SW 1/4</u> Sec <u>34</u> Twn <u>T75</u> Rng <u>R8W</u> <small>SW NW</small>
Telephone No. ( ) _____	Distance <u>1N</u> Miles Direction _____ of Nearest Town <u>Ocean Springs</u>

**Well Data**

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

Date well drilling started: 10-26-04 Date well drilling completed: 10-27-04

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 10-27-04

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

Hole depth: 140' Well depth: 157' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 147 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 147 feet to 157 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): 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.

Jack Ridgdell 0-472 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

NOTE: NO Pump - Test Well For WATER SAMPLES ONLY  
No PART 2 will be coming  
 NOV 19 2004  
 BY: OLWR

