

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 #: N-904
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coastwater Wellsrv
Date drilling completed: 6-10-05

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>George Bradley</u>	Latitude: <u>30° 26' ²⁴ 374" Longitude: <u>088° 50' ⁵³ 882"</u></u>
Mailing Address: <u>Bayou Pines Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Biloxi MS 39532</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 13 TwN T75 Rng R9W</u>
Telephone No. <u>(228) 392-1552</u>	Distance Direction Nearest Town <u>2 Miles EAST of DIBERVILLE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-8-05 Date well drilling completed: 6-10-05
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 95 feet above or below (circle one) land surface Date measured: 6-10-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 480' Well depth: 480' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 465 feet Casing diameter: 2 inches Type of casing: PVC
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 465 feet to 480 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.

Jack Ridgell
Signature of Water Well Contractor

RECEIVED
JUN 27 2005
BY: OLWR

