

Part 2 never received 3/13

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 #: Q-527
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 1-27-07

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>Bruce Linton</u>	Latitude: <u>30° 21' 48" N</u> Longitude: <u>088° 43' 05" W</u>
Mailing Address: <u>Anderson St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ocean Springs, MS 39564</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 7 Twn T8S Rng R7W</u>
Telephone No. <u>(228) 219-1067</u>	Distance <u>4</u> Miles <u>SE</u> Direction of <u>Ocean Springs</u> Nearest Town

Well Data

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

Date well drilling started: 1-23-07 Date well drilling completed: 1-24-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 1-24-07

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

Hole depth: 371' Well depth: 371' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 361 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 361 feet to 371 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): 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 0-473
Print Name of Water Well Contractor and License No.

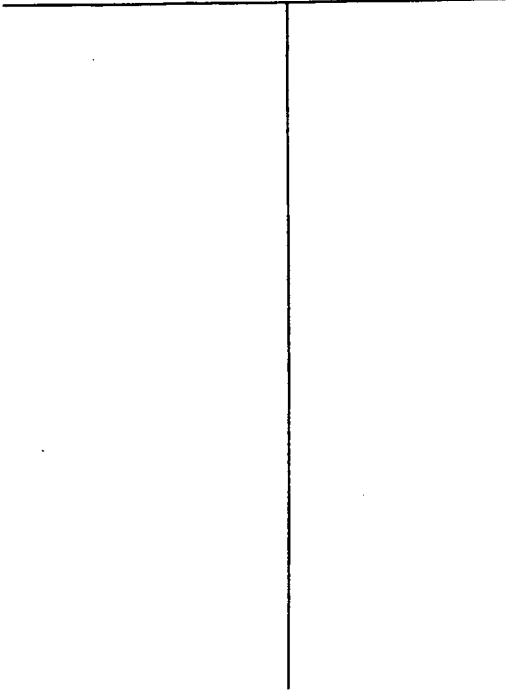
Jack Ridgell
Signature of Water Well Contractor

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Q-527

If well telescopes please sketch below and show depths.

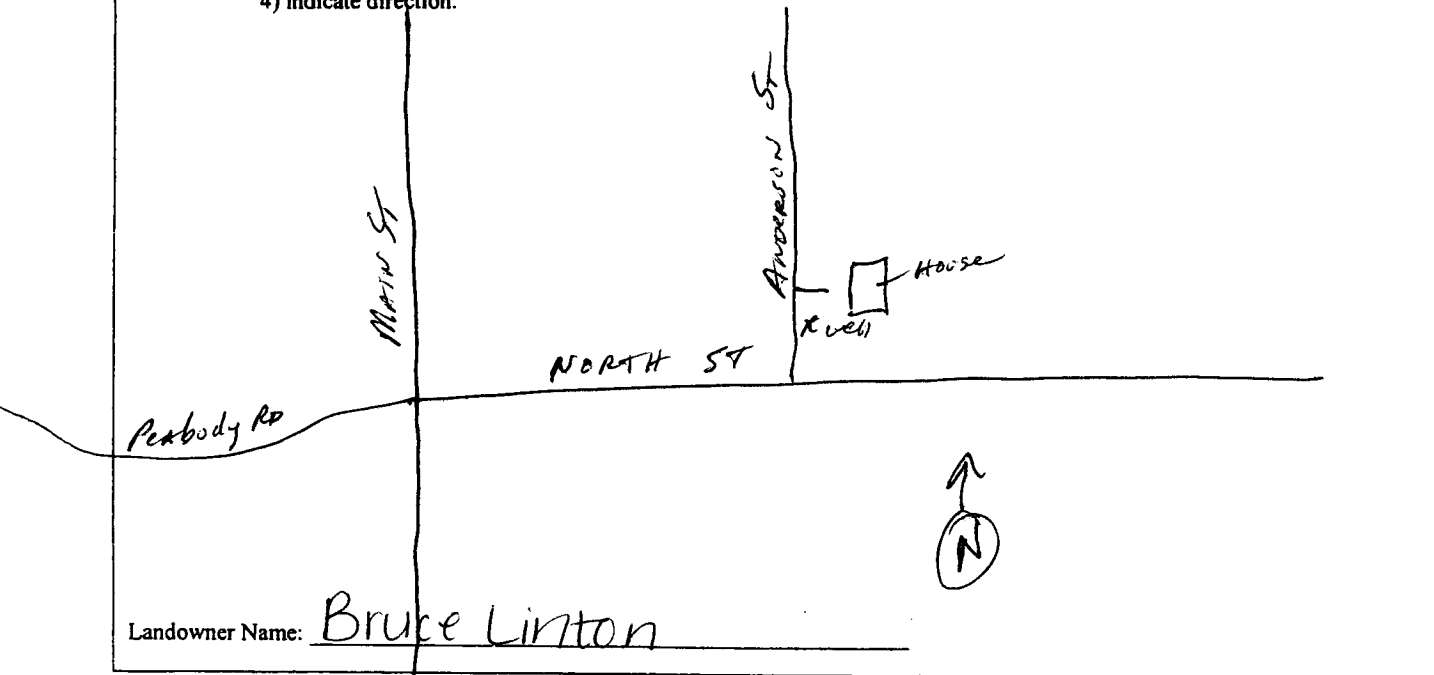
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	2
White coarse sand	2	40
Blue clay	40	65
Gray med. sand	65	80
Blue clay w/ streaks of sand	80	354
Gray med. sand	354	371

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.



Jack Ridgell
 Signature of Water Well Contractor

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