

*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-541
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coastwater Well Serv.
Date drilling completed: 8-3-07

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>Kim Sullivan</u>	Latitude: <u>30° 21' 58.4"</u> Longitude: <u>088° 41' 70.0"</u>
Mailing Address: <u>1216 Margaret 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>SW 1/4 Sec 9</u> Twn <u>T8 S</u> Rng <u>R7 W</u>
Telephone No. <u>601-270-8818</u>	Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>CAUTION</u>

Well Data

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

Date well drilling started: 8-2-07 Date well drilling completed: 8-3-07

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: 8-3-07

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

Hole depth: 378 FT Well depth: 378 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 363 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 363 feet to 378 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.

[Signature]
Signature of Water Well Contractor

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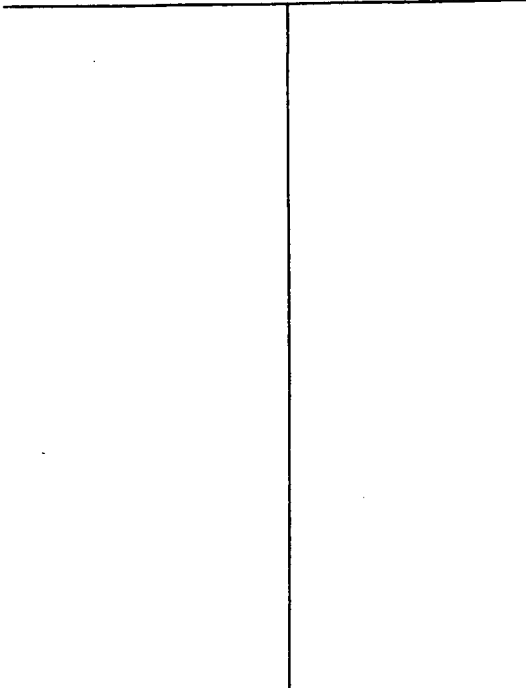
AUG 15 2007

BY: OLWR

Q-541

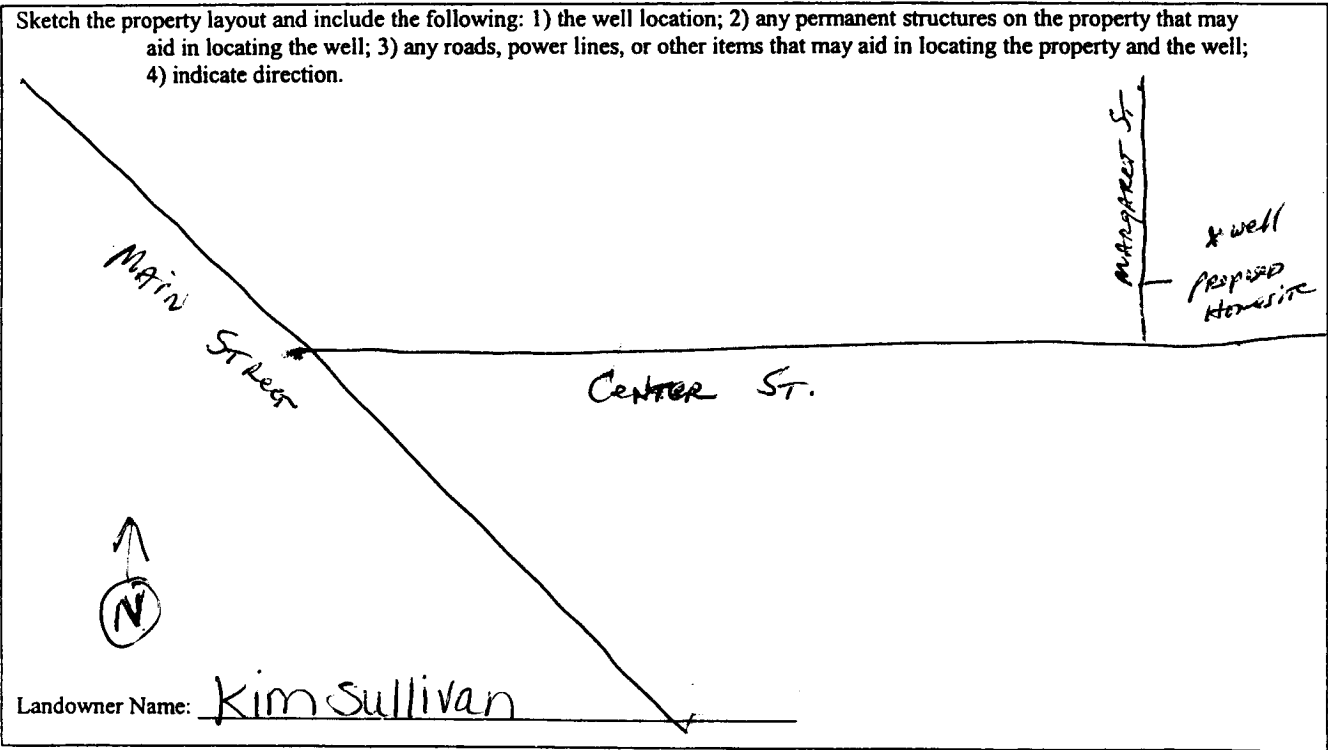
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOPSOIL	0	2
Blue dirt	2	10
Brown coarse sand	10	45
Blue clay	45	106
Gray coarse sand	106	125
Blue clay	125	312
Light medium to medium sand	312	378

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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