

MAR 21 2014

STATE WELL REPORT BY OLWR

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells
 Date drilling completed: 2-25-14

Part I
 Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: 0601
 Aquifer: _____
 E-Log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Ms. Sand Hill Crane Refuge</u> Mailing Address: <u>7200 Crane Lane</u> <u>Gautier, MS 39553</u> City State Zip Code Telephone No. <u>228 497-6322</u>	Well or Borehole Location Latitude: <u>30° 27' 0.06"</u> Longitude: <u>088° 39' 44.76"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 SW 1/4, Sec 11, T 7S, R 7W</u> <u>1.0</u> Miles _____ of <u>Gautier</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data
 Date drilling started: 2-25-14 Date drilling completed: 2-25-14 Hole depth: 120 FT Hole diameter: 4"
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling 2 gal in well
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture SMALL
 Other (describe): WATER TO FILL VAT TO RAISE FROGS (SOLAR PUMP)
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 10 feet [above or below] and surface Date measured: 2-25-14
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 120 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 110 feet to 120 feet
 Type of completion (circle all applicable): Gravel packed Underreamed 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 next page

Received

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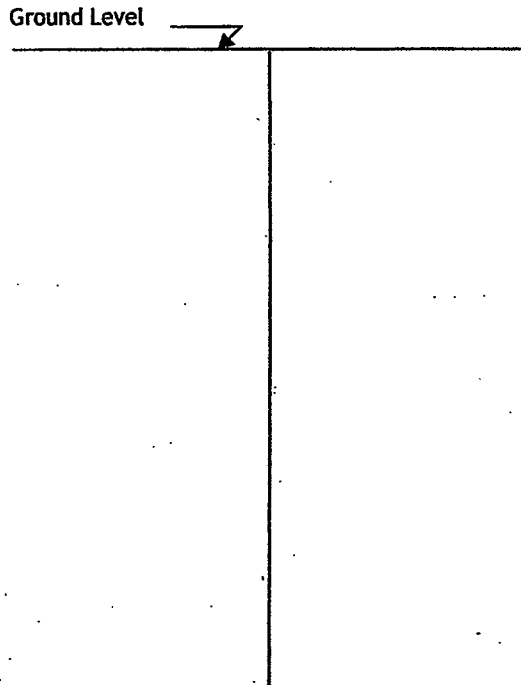
BY OLWR

County: Jackson
Permit #: _____

For Office Use Only:
Well #: 0 681

The sketch below only required for water wells

If well telescopes, show depths on sketch.



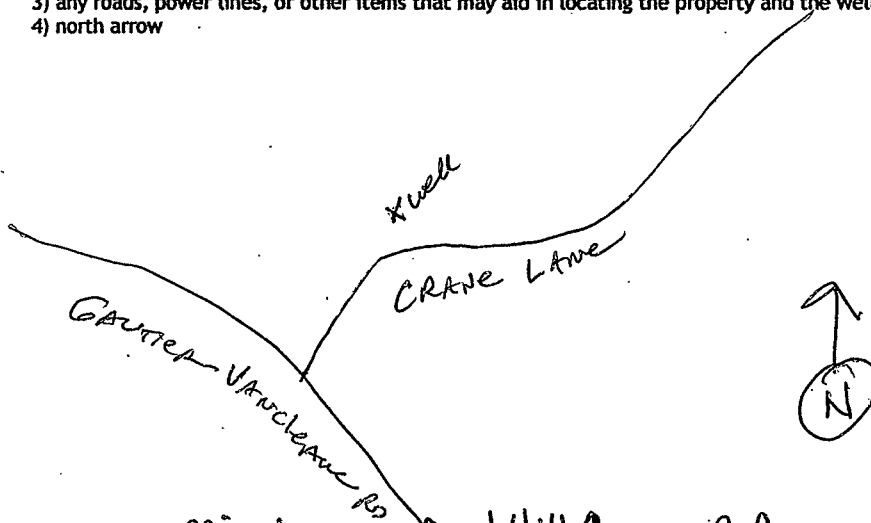
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
Orange Clay	2	10
White Coarse sand	10	20
Blue Clay	20	105
Gray Coarse sand	105	120

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) north arrow



Landowner Name: Mississippi Sand Hill Crane Refuge

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Jack Ridgell 0-472

2/27/14

Jack Ridgell

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee