

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 #: P-473
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: _____
Driller: Coast Water Well Serv.
Date drilling completed: 5-13-06

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

Owner Name: Kenny Smith
Mailing Address: _____
Gautier Ms 39553
City State Zip Code
Telephone No. 228 497-1568

Well Location

Latitude: 30° 27' 40.2" Longitude: 088° 43' 8.0"
Method of Lat/Long (circle one): 24 Conventional Survey, 37' 27"
USGS quad, Hand-held GPS, Survey-grade GPS
58 1/4 16 1/4 Sec 7 Twn T75 Rng R6W
IR NW Direction 3 Nearest Town OK
Distance 1/2 Miles of Gautier

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-13-06 Date well drilling completed: 5-13-06
If flowing, method of flow regulation: Valve N/A Other (describe) _____
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 5-13-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 90' Well depth: 90' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 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 80 feet to 90 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

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JUN 15 2006
BY: OLWR

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.

Jack Ridgdell
Signature of Water Well Contractor

