

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 603
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Well Serv.

Date drilling completed: 6-25-09

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: Jackson County Recreation Dept.

Mailing Address: Kahayet Park

Miss Point, Ms 39563
City State Zip Code

Telephone No. 228 826-5330

Well Location

Latitude: 30° 23' 57.5" Longitude: 088° 31' 17.0"
34 10

Method of Lat/Long (circle one): Conventional Survey, _____

USGS quad, Hand-held GPS Survey-grade GPS _____

NW 1/4 SE 1/4 Sec 312 Twn T7S Rng R5W
SW NE

Distance Direction Nearest Town
1.1 Miles _____ of Miss Point

Well Data

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

Date well drilling started: 6-25-09 Date well drilling completed: 6-25-09

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 6-25-09

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

Hole depth: 130 FT Well depth: 130 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 115 feet to 130 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 Ridgdell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgdell

Signature of Water Well Contractor

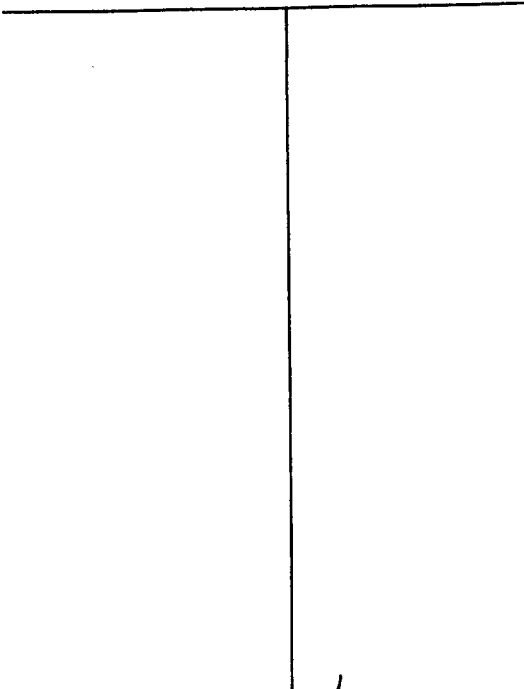
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JUL 02 2009

BY: OLWR

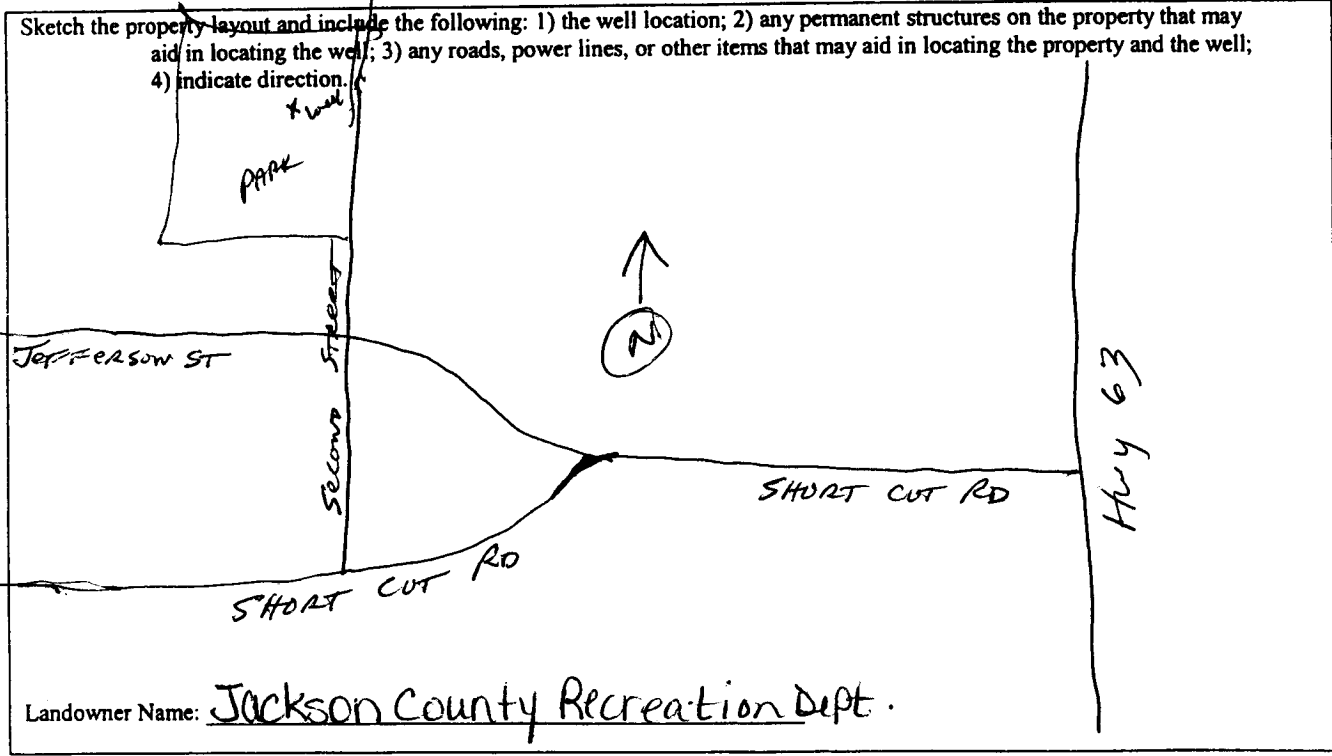
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Topsoil | 0 | 2 |
| Orange and Blue clay | 2 | 60 |
| White coarse sand | 60 | 130 |
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If more than one screen, show location of each on sketch



John Ridgell
Signature of Water Well Contractor

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