

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 #: Q604
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: Coast Water Well Service
Date drilling completed: 7-29-09

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	Well Location
Owner Name: <u>City of Moss Point</u>	Latitude: <u>30° 23' 47" N</u> Longitude: <u>88° 31' 48" W</u>
Mailing Address: <u>Hubert Street</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Moss Point Ms. 39513</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 31</u> / <u>Twn T 75 Rng R 5W</u>
Telephone No. (<u>601</u>) <u>613-3644</u> <u>Bill Oakley</u>	Distance <u>1 1/2</u> Miles Direction _____ Nearest Town <u>Moss Point</u>

Well Data

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

Date well drilling started: 7/28/09 Date well drilling completed: 7/29/09

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 7/29/09

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

Hole depth: 297 ft. Well depth: 297 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 297 feet Casing diameter: 2 inches Type of casing: PVC F480

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC SAWED

Screen slot size: .010 inches Setting depth: From 230 feet to 270 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): Gravel pack 225-297

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): MDEQ

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.

Jack Ridgell
Signature of Water Well Contractor

RECEIVED

AUG 10 2009

BY: OLWR

