

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: B92
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Coast Water Wells, Inc.
Date drilling completed: 9-14-10

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>Hemphill Construction Co., Inc.</u>	Latitude: <u>30. 50. 2.64</u> Longitude: <u>089. 09. 59.76</u>
Mailing Address: <u>P.O. Drawer 879</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Florence, MS 39073</u> City State Zip Code	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>35</u> Twn <u>T25</u> Rng <u>R12W</u> NE NW
Telephone No. <u>(601) 932-2060</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>WISGGMMS</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>waste water Treatment Facility</u>	<u>MONITOR well</u>
Date well drilling started: <u>9-14-10</u>	Date well drilling completed: <u>9-14-10</u>
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>10</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>9-14-10</u>
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>30 FT.</u> Well depth: <u>30 FT.</u> Well grouted to a depth of <u>15</u> feet	
Type of grout (circle one): <u>Cement</u> <u>Bentonite</u> Mix	
Casing length: <u>20</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>20</u> feet to <u>30</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	

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
SEP 22 2010

BY: OJWP

