but 2 never received 3/13 State W	ell Report			
O	art 1	For Office Use Only:		
County: Mississippi Department	Mississippi Department of Environmental Quality			
	Office of Land and Water Resources			
Driller: Classon, M. Jackson, M.	S 39289-0631	L. S. Elevation:		
Date triming completes.	961-5210	E-log #:		
[fittd=200041]	1-6938 (fax)			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information	-	l Location		
Owner Name & tanley Jones		_" Longitude: 90 ° 41 '06 "		
Mailing Address: Bayon (Ylanting Co.	Method of Lat/Long (circle o			
545 Jones Bayon Rd.	· ·	d GPS, Survey-grade GPS		
Shaw, MS 38773 City State Zip Code		Twn AIN Rng 5W		
Telephone No. (662) 843 - 9788	Distance Direction Nearest Town  1.5 Miles SE of Boyle			
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 1 29 05 Date well drilling completed: 1 29 05				
If flowing, method of flow regulation: Valve N/A Other (describe)				
Static Water Level: 41 feet above or below (circle one)	land surface Date measured	1/29/05		
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 76 feet Casing diameter: 16" inches Type of casing: PVC				
Screen length: 50 feet Screen diameter: 16" inches Type of screen: PVC				
Screen slot size: 0.050 inches Setting depth: From 76 feet to 126 feet				
Type of completion (circle all applicable): Gravel packed Unde	rreamed Telescoped Ope	n hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing: NA feet. If to	elescoped or more than one so	creen, 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):	141 BY B' B'-	1		
Name of organization running log(s):  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 egulations and state laws.				
Department of Environmental Quanty and of the Massissippi Department of Italy Canada and state in 1997				
Tommy Chrestman 0-703/1/1mg/moline				
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor		

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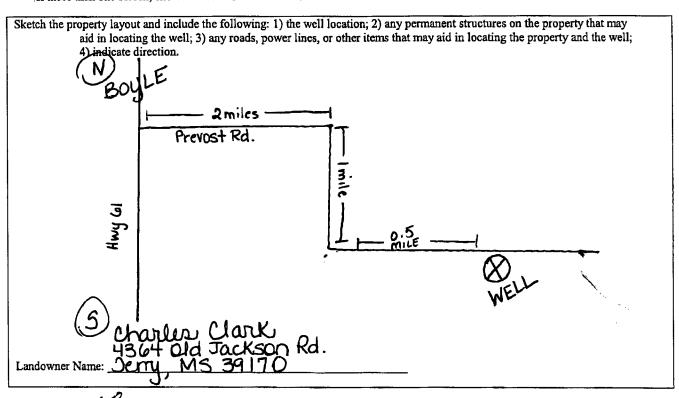
If well telescopes please sketch below and show depths.

Q-189

Ground Level	
	,
•	

Description of Formations Encountered	From	To_
Clau	0	22
Sand.	22	45
Sand + Pea Graves	45	126
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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