State V	Vell Report			
County 1 GeoRge	Part 1			
Mississippi Departme	nt of Environmental Quality Aquifer:			
	and Water Resources Box 10631 Well #:			
Driller Utof WUTCI WEIISKV. Jackson,	MS 39289-0631 L. S. Elevation:			
	.) 961-5210			
(601) 3	E-log #:			
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 S, H. DECS, TH	Latitude: <u>30 • 48 ,31,44</u> Longitude: <u>68 • 52 ,35/6</u> "			
Mailing Address: Turner Whittington Rol.	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Perkinsten, M.s. 39573 City State Zip Code	NE NIV			
Telephone No. (2013) 217-3409	Distance Direction Nearest Town <u>Miles</u> SW of <u>Beworache</u>			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other: Storn Emergency Well			
Date well drilling started: <u>6-11-13</u> Date				
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe)				
Static Water Level: <u>65</u> feet above or below (circle one)				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>540FT</u> Well depth: <u>540FT</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one); Cement Bentonite Mix				
Casing length: <u>ACOX4</u> feet Casing diameter: <u>4"X 2"</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>				
Screen slot size: $\underline{\bullet OCC}$ inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Unde				
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): NA				
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.				
hckRindell 0-472	Janke Ridgleer			
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.

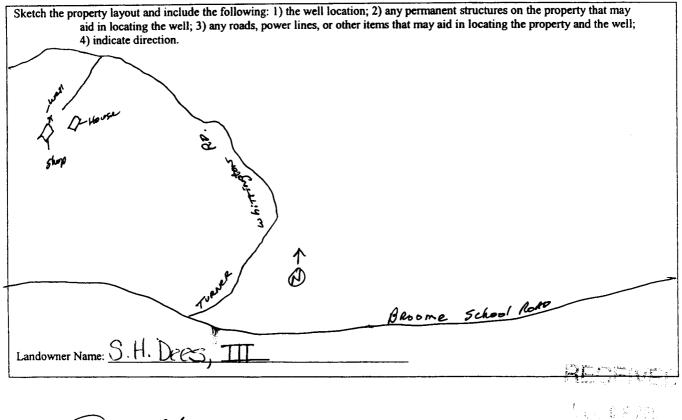
Ground Levei

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Description of Formations Encountered	From	To
TOPSOIL	0	2
orange Clay	2	10
Wange, Coarse, Sand	10	$ \mathcal{A} $
Drange Clay	3	120
Blue flay	120	300
Gray Lind, Sand	30	312
BINECIAN	312	493
Gray medilim Sand	14-	540
Charles and the second	1700	
		11
		+
		1
	+	+
		+
		+
		+
		+
		1

If more than one screen, show location of each on sketch



la Signature of Water Well Contractor

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