h AN COCK	State Well Report Part 1 – Driller's Log	For Office Use Only:
	ssippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: K902
Driller: 4/D 1/2	P.O. Box 10631	
	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
Date drilling completed:	(601)354-6938 (fax)	E-log #:
	(,	
	repared by the license holder responsible for n 30 days of completion of drilling of the we	
Information on Well Owner		Borehole Location
(Landowner if borehole is not for a way		8" Longitude: <u>89 • 26, 05</u>
Dwner Name ALAN FORUSZ	\sim	_
Mailing Address: 10TB 41851	W. FDROCS) Method of Lat/Long (circle	one): Conventional Survey,
USGS quad, Hand-held		ld GPS, Survey-grade GPS
135L me	29551 NW 4 NE 4 Sec 6	2Twn <u>95</u> Rng_14W
City / State	Zip Code Distance Direction	Nearest Town
Telephone No (574 2141-3:		of
Telephone No. $(37)/2/4/2/3$	2/0	
	Well / Borghole Data	
Date drilling started: 6/1/0 Bate drilling c	ompleted: 6/1/28 Hole depth: 243	Hole diameter:
	,	
Location of the source of any surface water used Method of dosing and volume of Chlorine used i		
Method of dosing and volume of Chlorine used i Logs run (circle all applicable): No log run		Other:
Method of dosing and volume of Chlorine used i Logs run (circle all applicable): No log run Ele Name of organization running log(s):	in drilling and development:	
Method of dosing and volume of Chlorine used in Logs run (circle all applicable): No log run Elec Name of organization running log(s). Purpose of borchole (check one): Water Well Seismic Survey	in drilling and development:	nd Source Heat Pump
Method of dosing and volume of Chlorine used i Logs run (circle all applicable): No log run Elec Name of organization running log(s). Purpose of borchole (check one): Water Well Seismic Survey	in drilling and development:	nd Source Heat Pump
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Method of dosing and volume of Chlorine used in Logs run (circle all applicable): No log run Elec Name of organization running log(s): Purpose of borchole (check one): Water Well Seismic Survey If drilling is not related to water Purpose of Well (check one): Home Industri	in drilling and development:	nd Source Heat Pump
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Method of dosing and volume of Chlorine used in Logs run (circle all applicable): No log run Elec Name of organization running log(s): Purpose of borchole (check one): Water Well Seismic Survey. If drilling is not related to wath Purpose of Well (check one): Home Industria If a flowing well, method of flow regulation: Val Static Water Level: Method of Measurement (circle one) Method of Measurement (circle one) Well depth: Well grouted to a depth of Casing length: Screen length: Screen slot size: Type of completion (circle all applicable): Grave	in drilling and development:	nd Source Heat Pump

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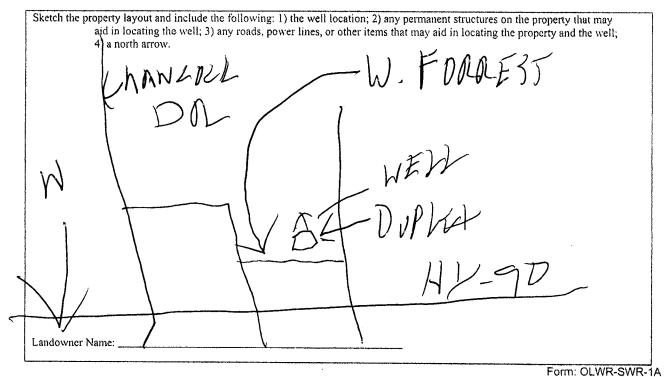
K902

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_____ <u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

on depins on sketch.	Decomption of Decomptions Decomption	Punne (danst)	To (doub)
	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	+9+
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If more than one screen, show location of each on sketch



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee