		State Well Report		For Office Use Only:	
unty: Harrison		Part 1		FOR OTHICE USE OTHY:	
dity. 1700 1 10071		Mississippi Department of Environmental Quality		Aquifer:	
_	Permit #:		nd Water Resources	Well #: 11 - 96	
	Drille (DOS) WO-CTWELLSRY	P.O. Box 10631 Jackson, MS 39289-0631			
	Date drilling completed: 2-30-08	Jackson, MS 39289-0031 (601)961-5210		L. S. Elevation:	
	Date drilling completed (2x (3,0 00)		4-6938 (fax)	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 MOrgan Seymour, Jr.		Latitude: 30.28.317" Longitude 088.55.168"		
	Mailing Address: 12867 Paradise Lane		Method of Lat/Long (circle one): Conventional Survey,		
				USGS quad, Hand-held GPS Survey-grade GPS	
	Biloxi Ms 39532 City State Zip Code		NE 1/4 NE 1/4 Sec 6 Twn T75 Rng R9W		
			Distance Direction Nearest Town  2 Miles No part of D'IBREVILLE		
	elephone No. <u>28 396 - 2185</u>		Miles No Part of "D' 180 POUT IL		
	Well Data				
	CWAIL CALL STEEL CALL COLLEGE				
	urpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
		well drilling started: 2-20-08  Date well drilling completed: 2-20-08			
	f flowing, method of flow regulation: Valve N/A Other (describe)				
		tic Water Level: 45 feet above or below kircle one) land surface Date measured: 3-20-08			
	Method of Measurement (circle one) steel tape electric tape air line other:				
-	Well grouted to a depth of 70 well depth of 70 well grouted to a depth of 70 well ground with a 70 mag.				
	Type of grout (chefe one). Certain Demonte Mix				
	Screen length: O feet Screen diameter: O inches Type of screen: PUC				
	Screen slot size: CC4 inches Setting depth: From 303 feet to 313 feet				
į	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
	Other (describe):				
	Top of lap pipe or reduction in casing: NA 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): MA  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 Ridadell O-4	72	much	Ildie	
	Print Name of Water Well Contractor and I	icense No.	Signature of V	Vater Well Contractor	
1			, Digitation Of t	· ····· it (i) (Cilitarelli)	