: (Oastal Wuller	G + seluce Co.		
State	Well Report		
County: Danison	Part 1 For Office Use Only:		
Permit #: Mississippi Departm	nent of Environmental Quality Aguifer		
Office of Lan	d and Water Resources		
	0. Box 10631 Well #:		
1 Thurst 1989 - 4 - 1 - 1 - 1	, MS 39289-0631 L. S. Elevation:		
	01)961-5210 354-6938 (fax) E-log #-		
· · · · · · · · · · · · · · · · · · ·	_ · · · ·		
State Law requires that this report be prepared by the	he driller in detail and filed with the Department within		
30 days of completion of drilling of the well. Well Owner Information			
1 1 1 1 1 1 1 1 1 1	Well Location		
Owner Name William Gulldy	Latitude:" Longitude:"		
Mailing Address:	Mathod of Lat/Lang (circle and). Granuting 10		
Same	Method of Lat/Long (circle one): Conventional Survey,		
Saucen	USGS quad, Hand-held GPS, Survey-grade GPS		
	1414 Sec		
City State Zip Code			
Telephone No. 288 380 -0 30 9	Distance Direction Nearest Town Succession		
Telephone No. (274)			
Wei	ll Data		
Purpose of Well (circle one) Home Industrial Public Supply	Total man		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
Date well drilling started: Dat	e well drilling completed:		
If flowing, method of flow regulation: Valve Other	(densethe)		
	0 0 1		
Static Water Level:feet above or below (circle one	e) land surface Date measured: 12304		
Method of Measurement (circle one) steel tape electric tap	be air line other: Plum bole		
an			
Hole depth: Well depth: Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mi	x		
	0.15		
Casing length: 310 feet Casing diameter: 4XZ inches Type of casing: 110			
Screen length:	inches Type of screen:		
10/4			
Screen slot size: , 000 inches Setting depth: From	SD 810 feet to 820 feet		
Type of completion (circle all applicable): Gravel packed Und	erreamed Telescoped Open hole Natural Development		
•	Thind a Development		
Other (describe):			
Top of lap pipe or reduction in easing:feet. If	telescoped or more than one screen, describe on back of nage		
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron Other:		
Name of organization running log(s):			
I certify that the well was drilled, constructed, and completed in	accordance with all applicable requirements of the Massacord		
Department of Environmental Quality and/or the Mississippi De	epartment of Health regulations and state laws.		
7 - 1 1 1/1 0 - 00	AUC :		
JWISH 11800 (1-20)	AUG 1 200		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contracto BY: OLW		
	Organitate of Water Well Confractor 1. Of VV		

no pump set on this well

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Description of Formations Encountered	From	To
Top soil	1	18.
eld clou	18	9
Bluday	198	121
Wand clay	17	SYSU
white sand	2810	369
Course sand	100	
plays	433	38
Find Sand	580	190
croed some	1740	8/0
Charse white good sound	18/0	1000
- 0		
	+	-
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		T
		1
	1	

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the prop	erty that may
aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property	y and the well;
4) indicate direction.	

well located Back yard to right af the NW corner

Landowner Name: Hung Allege

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AUG 1 2 2004

BY: OLWR

Signature of Water Well Contractor