

Part 2 never received 3/13

Well only

County: Harrison
 Permit #: 0-209
 Driller: R. Hanson
 Date drilling completed: 4-22-05

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E-166
 L. S. Elevation: _____
 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: <u>Ray Quevedo</u>	Latitude: <u>30° 29' 55"</u> - Longitude: <u>81° 14' 50"</u>
Mailing Address: <u>1624 Cable Bridge</u> <u>Grubport</u> <u>MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NE 1/4 Sec 25 Twn 6S Rng 13W</u>
Telephone No. <u>(228) 832-3958</u>	Distance: <u>12</u> Miles <u>W</u> Direction: _____ of Nearest Town: <u>Lyman</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-22-05 Date well drilling completed: _____

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 4-22-05

Method of Measurement (circle one): steel tape electric tape air line other: Plumb Bob

Hole depth: 220 Well depth: 220 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 210 feet to 220 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ 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): _____
 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.

Dwight Hanson 0-209 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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MAY 04 2005

BY: OLWR

E-166

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level X

Description of Formations Encountered	From (depth)	To (depth)
Topsoil	Ground Level	?
Red Clay	3	15
Sandy Red Clay	15	25
White Sand	25	40
Blue Clay	40	185
Fine Water Sand	185	220
Good Water Sand	220	220

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 property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Ray Quevas

Form: OLWR-SWR-1A

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. Dwight Meason 0.2W9 Date 4-22-05 Signature of Licensee [Signature]