Hart a never received State W	ell Report	D 00 U 0 U		
County: Harrison P	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	nd Water Resources	Well #: #-570		
1 D=11==1	Box 10631 IS 39289-0631	L. S. Elevation:		
C = C + C + C + C + C + C + C + C + C +	961-5210	L. S. Elevation:		
(601)35-	ate drilling completed: (601)354-6938 (fax)			
		ith the Department within		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and lifed w	th the Department within		
Well Owner Information	Well	Location		
Owner Name Ken Moore	Latitude: 30 · 31 988 " Longitude 88 · 55 · 738 "			
Mailing Address: 17089 Lamey Ln.	Method of Lat/Long (circle on	e): Conventional Survey,		
	USGS quad, Hand-held GPS Survey-grade GPS			
Billoxi MS 39532 City State Zip Code	BilOXI MS 39532 SE 1/50 1/4 Sec 7			
Telephone No. 308 596 - 5454	Distance Direction Nearest Town 5/2 Miles NNW of D'Ibe au The			
Well 1	Data			
Purpose of Well (circle one Home) Industrial Public Supply	Imigation Fish Culture	Other:		
	_			
Date well drilling started: 8-30-07 Date well drilling completed: 8-30-07				
If flowing, method of flow regulation: Valve NJA Other (d	escribe)			
Static Water Level:feet above on below circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 28 FT Well depth: 28 FT Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 218 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 10feet Screen diameter:inches Type of screen:				
Screen slot size:inches Setting depth: Fromfeet to				
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): N/A				
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.				
O				
Jack Kidgdell U-472 Jan Parker				
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		
		AUE 27 2007		

If well telescopes please sketch below and show depths.

Ground Level		

Description of Formations Encountered	From	To
TOPSOIL		
orange Clay	3	18
Blue Clay	18	1291
Brown Charse, Sand	179	UA.
Rive Clay	42	98
Lau Medium Gray Sand	98	122
Brown Charse Sand Blue Clay Low Meditum Gray Sand Blue Clay Low Meditum Gray Sand	1122	197
Low medium to medium Gray Sand	13/	2.70
COMITYCHAIT TO THE CITALITIC TAY COLOR	11/0	CLAC
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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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating 4) indicate direction.	the property and the well;
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Escy Br. Die Ro.	
N well main	
Landowner Name: Ken Moore	
Dank Refere	

Signature of Water Well Contractor

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AU6 27 2007

BY: OLWA