PORCH IS DEVEL IXCEINED 3/13	State Well Report	For Office Use Only:
County: HAYYISON	Part 1	200
Mississ	ippi Department of Environmental Quality Office of Land and Water Resources	
Driller Const Water Wellsey	P.O. Box 10631	Weil #:
1 / / I	Jackson, MS 39289-0631 (601) 961-5210	L. S. Elevation:
Date drilling completed: 5/11/12	(601) 354-6938 (fax)	E-log #:
State Law requires that this report be possible 30 days of completion of drilling of the v	repared by the driller in detail and filed vell.	
Well Owner Information	<i>,</i> \	ell Location
Owner Name Southern Well Services	Steven Duangelo Latitude: 30 · 23 :39.	<u>10</u> " Longitude: <u>089° 14 ' 44.94"</u> "
Mailing Address: Plantation Oak	Method of Lat/Long (circle	one): Conventional Survey,
		ld GPS Survey-grade GPS
lass Christian Ms	Zip Code IP	Twn 75 Kng 12W
Telephone No. (208) 219 - 4270	Distance DirectionMiles	Nearest Town of
	Weil Data	
Purpose of Well (circle one Home Industrial	Public Supply Irrigation Fish Culture	Other:
Date well drilling started: 5/9/12	Date well drilling completed:5	14/12
If flowing, method of flow regulation: Valve	A Other (describe)	
Static Water Level: 45 feet above of be	clow(circle one) land surface Date measured	: 5/11/12
Method of Measurement (circle one) steel tape	electric tape air line other:	
Hole depth: USGFT Well depth:	Well grouted to a depth of	10 feet
Type of grout (circle one): Cement Benton  2007TX 4" + 459FTX 2"  Casing length: 659 feet Casing diamet		PVC
Screen length:feet	ter: $\underline{\mathcal{A}}$ inches Type of screen:	PVC
-0/	ng depth: From <u>659</u> feet to	<i>689</i> feet
Type of completion (circle all applicable): Gravel	packed Underreamed Telescoped Ope	en hole Natural Development
Other	(describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one so	reen, describe on back of page
Logs run (circle all applicable) No log run Electi	ric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, an	nd completed in accordance with all applicab	le requirements of the Mississippi
Department of Environmental Quality and/or th	e Mississippi Department of Health regulatio	ns and state laws. RECEIVE
Jack Ridgdell 0-472		JUN (7 6 201)
Print Name of Water Well Contractor and License ?	No. Signature of	of Water Well Contractor
		BY OLWE

JUN 0 6 2012

Ground Level		Description of Formations Encountered	From	To
		Topsoil	3	2
		Orange Clay Orange Coarse Sandworkerson		10
		Orange, Clay W. Streaks of Sand	101	170
		Blue Clay	170	190
		Gray medium to Coarse Sand yka grave	190	228
		Bue Clay	201	2
		Blue Clay	258	2/6
		Gray medilune to Coarse Sand.	368	41
		BlueClay wistreaks of Sand	4/0	50
		Gray Cobise Sand	508	<i>ea</i>
		Buelclay	620	100
		Greymeditum TO Coarse Sand	650	68
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aid in locating the 4) indicate directi		or other items that may aid in locating the property and	the well;	
	1			
ner Name Southern	- idelle mailem le La	1- 0.1-0010		
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	n Wellservices/Stev	<u>ven wang</u> ero		
	- Justines Latel		REC!	eggs to r

If well telescopes please sketch below and show depths.

Signature of Water Well Contractor