State W	ell Report	The Office Viscoulus		
Part 1		For Office Use Only: Aquifer:		
Mississippi Department	Mississippi Department of Environmental Quality Office of Land and Water Resources			
P.O. E	P.O. Box 10631			
Suchoon, 1	IS 39289-0631 961-5210	L. S. Elevation:		
Date drilling completed: $-1 - 0 \psi$ (601)	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.				
Weil Owner Information	Well Location			
Owner Name Rober + Meyers	Latitude: 30 • 38 . 096 " Longitude: 08 47,598 "			
Mailing Address: Kito LANC	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-heid GPS, Survey-grade GPS			
Vancleave MS 39565 City State Zip Code	NE 1/2 SW 1/2 Sec 4 Twn T55 Rng R8W			
	SE Distance Direction Nearest Tour			
Telephone No. (850 418 - 5030	<u></u>	of Vancleave		
Well]	Data			
Purpose of Well (circle one Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 8-31-06 Date well drilling completed: 9-1-06				
If flowing, method of flow regulation: Valve N/A Other (d	escribe)			
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>368'</u> Well depth: <u>368'</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>353</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>				
Screen length: <u>5</u> feet Screen diameter: <u>A</u> inches Type of screen: <u>PUC</u>				
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing: <u>N/A</u> 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.				
JackRidadell 0-472	Quel	Red BECEIVED		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contestor 2 5 2006		
	<i>U</i>	BY: OLWB		

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E-124

If well telescopes please sketch below and show depths.

Ground Level

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 Description of Formations Encountered TOP Soil Orange Clay Wistreaks Of SANC Blue Clay Wistreaks of Sand	From D D 104	To 704 704 343
Gray Coarse Sand	343	368

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) indicate direction Wire Ro x well PROPOSED MYH SITC Landowner Name: <u>BOBERT MEYERS</u> RECEIVED Adu SEP 2 5 2006 U. Zn Signature of Water Well Contractor BY: OLWR