Part anever received	Stata W	ell Report	
	•	art 1	For Office Use Only:
County: Jackson		of Environmental Quality	Aquifer:
Permit #:	Office of Land a	nd Water Resources	Well#: H-107
Driller: Coast Water Well Srv		ox 10631 S 39289-0631	L. S. Elevation:
Date drilling completed: 4-20-05		961-5210 1-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and filed w	rith the Department within
Well Owner Inform		Well	Location
Owner Name A.J. + Wendy	Walters	Latitude: 30 · 34 · 531)" Longitude: <u>088° 27', 589"</u>
Mailing Address: Lily Orchard		Method of Lat/Long (circle or	ne): Conventional Survey,
			GPS Survey-grade GPS
Mosstoint N	15 39562 Ite Zip Code	100 N Sec 35	Twn 75,5 Rng 25W
Telephone No. (<u>2</u> 38) <u>588-364</u>		Distance Direction Miles	Nearest Town of Big Point
	Well I	Data	
Purpose of Well (circle one) Home Inc	dustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 4-3	0-05 Date v	vell drilling completed:	-20-05
If flowing, method of flow regulation: Va	alve N/A Other (d	escribe)	
Static Water Level:feet a	bove or below (circle one) l	and surface Date measured:	4-20-05
Method of Measurement (circle one)	teel tape electric tape	air line other:	
Hole depth: LO' Well de	pth:	Well grouted to a depth of	feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: <u>50</u> feet Casi	ng diameter:2	inches Type of casing:	PVC
Screen length: 10 feet Screen	een diameter: 2	inches Type of screen:	PVC
Screen slot size: inches	Setting depth: From	50 feet to <u>(</u>	20 feet
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:	N/A feet. If te	lescoped or more than one scr	een, describe on back of page
Logs run (circle all applicable): No log ru	Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s):	N/A		
I certify that the well was drilled, const			
Department of Environmental Quality	and/or the Mississippi De	partment of Health regulation	S and State laws.
Jack Ridadell O-	472	Qast	h Kitzdell
Print Name of Water Well Contractor and	License No.	gnature of	Water Well Contractor

	Description of Formations Encountered	From	To
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	Orange Clay White Coarse Sand	193	12
	White Course sure	 	10.
			
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If more than one screen, show location of each on sketch	A.S.		
th the property layout and include the following: 1) the w	rell location; 2) any permanent, thuctures on the propert	ty that may	
aid in locating the well; 3) any roads, power line	rell location; 2) any permanent, the uctures on the properties, or other items that may at in locating the property a	ty that may and the well;	
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Signature of Water Well Contractor

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MAY 8 / 2865

BY: OLWR