Marta never received 3/13 State W	ell Report	To a Office Has Only		
County: Jackson P.	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
^	Office of Land and Water Resources			
	Sox 10631 IS 39289-0631	L. S. Elevation:		
· · · · · · · · · · · · · · · · · · ·	961-5210			
(601)354	1-6938 (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.				
Well Owner Information	Well Location			
Owner Name Hillicai) Hanks	Latitude: <u>30°31 '85</u> 7	" Longitude <u>(88° 44° 338</u> "		
Mailing Address: JUIUS Crave, Lots	Method of Lat/Long (circle on			
Scaman Rel.	USGS quad, Hand-held	GPS Survey-grade GPS		
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS  NW 1/4 NG-1/4 Sec 13 Twn 765 Rng RSW			
Telephone No. <u>098</u> 875-4599	Distance Direction Nearest Town  3 Miles Way of Vanctopus			
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 9.28-07 Date well drilling completed: 10.3-07				
If flowing, method of flow regulation: Valve Other (de	escribe)			
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-3-07				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 500 FT Well depth: 500 FT	Well grouted to a depth of	[C feet		
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 480 feet Casing diameter: 4x3 inches Type of casing: 100				
Screen length:				
Screen slot size:, CCSinches Setting depth: From feet to 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: NA 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): $\sqrt{A}$				
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.				
Took Ridockell (-117)				
Print Name of Water Well Contractor and License No.	- Jan 1	RECEIVEL		
The traine of trace their Contractor and License No.	Signature of	Water Well Contractor OCT 2 2 2007		

If well telescopes please sketch below and show depths.

Ground Level	
26001	pur F480 unticas in
	PUC FURTURAL SCROOL

Description of Formations Encountered	From	То
Topsoil		12
Circular Clay	1.3	TO
Crange Crarse Sand	110	42
trange Clay	142	73
Brown Coarse Sand	73	135
Blue Clay w/ Stitaks of Saix	135	419
Gray Chaise Sand	419	500
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	<del>' </del>	

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.

\*\*Noe'll\*\*

\*\*De Number\*\* Ro

\*\*Landowner Name: \*\*Hamkrican Hamks\*\*

\*\*Landowner Name: \*\*Hamkrican Hamks\*\*

\*\*Landowner Name: \*\*Landowner Name: \*\*Landowner Name: \*\*Allower Name: \*\*Landowner Name: \*\*Landowne

Signature of Water Well Contractor

RECEIVED

OCT 2 2 2007

BY: OLWR