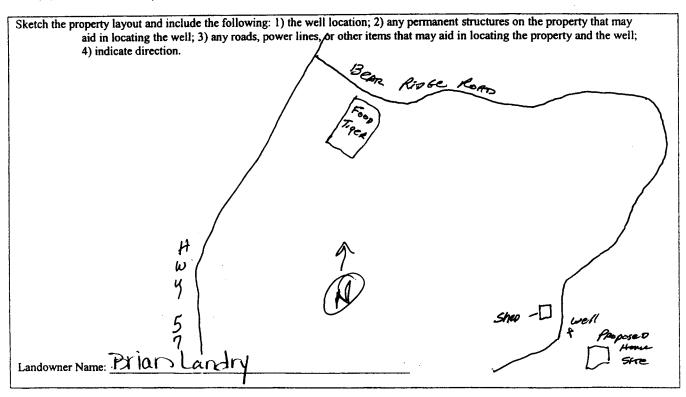
Rut 4 Never received 3/13 State	e Well Report	
	Part 1	For Office Use Only:
County: Mississippi Depar	tment of Environmental Quality	Aquifer:
Permit #: Office of L	and and Water Resources	Well #: K701
5 B. 30. L. / LAS. # 11 / WEST 1 11 W 13. A. VI	P.O. Box 10631	
Jacks Jacks	on, MS 39289-0631 (601) 961-5210	L. S. Elevation:
Dave driving conference	(001) 301-3210 (1) 354-6938 (fax)	E-log #:
State Law requires that this report be prepared by 30 days of completion of drilling of the well.		rith the Department within
Well Owner Information		-
Owner Name Brian Landry	,	2' Longitude. 08 • 41 · 21.54
Mailing Address: Bear Ridge, Rd.	Method of Lat/Long (circle or	
	USGS quad Hand-held	GPS, Survey-grade GPS
Var leave, MS 37565 City State Zip Code	MO 1/2 56 1/4 Sec 21	Twn 765 Rng R7W
Telephone No. 336-9143	Distance Direction Miles	
	Well Data	
Purpose of Well (circle one) Home Industrial Public Sup	ply Irrigation Fish Culture	Other:
Date well drilling started:		
If flowing, method of flow regulation: Valve NA Ot		•
Static Water Level:feet above on below Circle		
Method of Measurement (circle one) steel tape electric		•
Hole depth: 330 FT. Well depth: 330 F	. Well grouted to a depth of _	(Ofeet
Type of grout (circle one): Cement Bentonite	Mix	
Casing length: 315 feet Casing diameter: 3	inches Type of casing: _	PVC
Screen length: 5 feet Screen diameter: 2	inches Type of screen:	PVC
Screen slot size: • • • color inches Setting depth: Fi	$\frac{315}{100}$ feet to $\frac{3}{100}$	30 feet
Type of completion (circle all applicable): Gravel packed	Underreamed Telescoped Open	hole Natural Development
Other (describe): _		
Top of lap pipe or reduction in casing: NA feet	. If telescoped or more than one scre	en, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma	a Ray Density Sonic Neutron	Other:
Name of organization running log(s):	d in accordance with all amounts to	
I certify that the well was drilled, constructed, and complete Department of Environmental Quality and/or the Mississip		• • •
Took Ridadall A 1150	by Debarranent of Health Legalition:	L. Lightele
Print Name of Water Well Contractor and License No.	Signstrure of	Water Well Contractor () (1)
	Grandie of	The state of the s

Description of Formations Encountered	From	T
- Top Soil		÷
gange clay	A	L
unite coase wy	162	Ò
Gray Clay Wistreaks et Gray	133	4
prowpre carse Saba	4/5	Ť,
12100.1.20	140	숙
	35	4
	1200	3
Gray I Varuit JAVLaust Carles	510	Э.
•		
	1	
		_
	Chinge Clay white Control Sund Gray Clay Streaks of Glay	Top Soil Orange Clay White Coalse Sand Oray Clay Streaks of Glay Brown Coarse, Sand Flue Clay Brown Sand Blue Clay Wisheaks of Sand, 231

If more than one screen, show location of each on sketch



Riffer

Signature of Water Well Contractor

NOV 1 7 2011

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