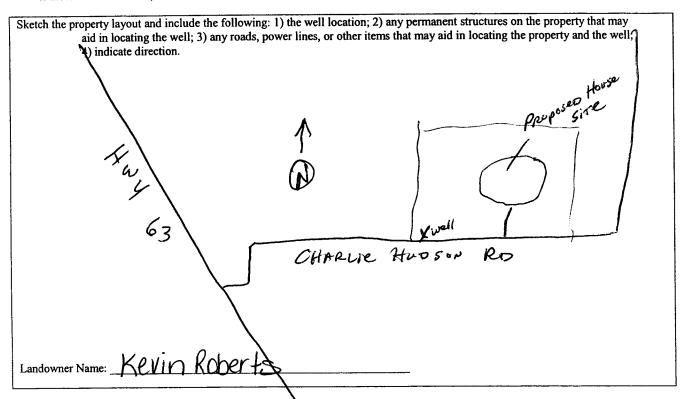
ī	art a never received 3/13 State W	11.10				
4		ell Report	For Office Use Only:			
		art 1 of Environmental Quality	Aquifer:			
	Permit #: Office of Land at	nd Water Resources	Well #: <u>L- /7/</u>			
l	P.O. B	no n 10621				
	Jackson, IVI	S 39289-0631	L. S. Elevation:			
		961-5210 9-6938 (fax)	E-log #:			
L	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	Wel	Location			
		· 20.30 SIR	(" I amains 1080 27, 964			
	Owner Name Kevin Roberts	Latitude: 31				
	Mailing Address: Charlie, Hudson RD	Method of Lat/Long (circle or	ne): Conventional Survey,			
		USGS quad, (Hand-held	GPS Survey-grade GPS			
	More Doint Me 39510	SF 1/ NG 1/ Sec /1	V Twn 165 Rng R6 W			
	Moss Point, MS 39562 City State Zip Code	NE				
	Telephone No. (28) 219-0478	Distance Direction	of Moss Point			
			V			
Ī	Well I	Data				
	Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:			
	Date well drilling started: 5-13-05 Date w	vell drilling completed:	5-13-05			
If flowing, method of flow regulation: Valve N/A Other (describe)						
Static Water Level: 10' feet above or below (circle one) land surface Date measured: 5-13-05						
Method of Measurement (circle one) steel tape electric tape (air line) other:						
Hole depth: TY' Well depth: TY' Well grouted to a depth of 10 feet						
	Type of grout (circle one): Cement Bentonite Mix					
-		inches Tomo of control	PUC.			
	Casing length: 6 to Casing diameter: 6					
	Screen length:feet	inches Type of screen:	41C			
	Screen slot size: • OOSinches Setting depth: From	<u>64</u> feet to	74 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: N/A 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 De	partment of Health regulation	as and state laws.			
	Took Ridadell num	Last	Le Salace			
	Drint Name of Water Well Contractor and License No.	Signature	f Water Well Contractor			
	Print Name of Water Well Contractor and License No.	Signature of	Water Well College CFIVE			

MAY 2 5 2005

BY: OLWR

If well telescopes please sketch below and show depths.	1 - 171		
Ground Level	Description of Formations Encountered	From	To
	Orange Clay White Coarse Sand	37	374

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



Signature of Water Well Contractor

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