Permit #: Office of Land at P.O. B Date drilling completed: 7-27-10 Mississippi Department Office of Land at P.O. B Jackson, M (601) (601) 35-	For Office Use Only: Aquifer:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within		
Well Owner Information	Well Location		
Owner Name Travis Fowler	Latitude: 30 · 31 · 58.32 Longitude: 088 · 28 · 1 · 50		
Mailing Address: 8405 Old Walker Rd.	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Aand-held GPS Survey-grade GPS		
Moss Point, Ms 39562 City State Zip Code	56 1/4 58 1/4 Sec 10 Twn 765 Rng R5W		
Telephone No. <u>208</u> <u>627 – 6962</u>	Distance Direction Nearest Town		
Weil D	Pata		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: 7-27-10 Date w	l de la companya de		
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below dircle one) la	and surface Date measured: 7-27-10		
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 45 FT. Well depth: 45 FT.	Well grouted to a depth offeet		
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 35 feet Casing diameter: 2	inches Type of casing: PVC.		
Screen length: 10 feet Screen diameter: 2	inches Type of screen: P.V.		
Screen slot size: inches Setting depth: From	35 feet to 45 feet		
Type of completion (circle all applicable): Gravel packed Underr	earned Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing: NA feet. If tele	escoped 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):			
I certify that the well was drilled, constructed, and completed in a	• • • • • • • • • • • • • • • • • • • •		
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations and state laws.		
Jack Ridadell 0-472	La Relidelle		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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BY:OME

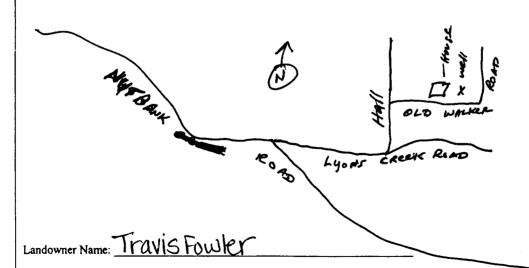
Ground Level		

Description of Formations Encountered	From	То
700501	U	3
prange Clay White Coarse Sand	3	<u>ao</u>
White: Coarse Sand	30	45
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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.



Signature of Water Well Contractor

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