	State W	ell Report			
county: Jackson	Part 1		For Office Use Only:		
	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: <u>N-904</u>		
Driller: Cast Water Wellsrv	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 6-10-05	(601)961-5210 (601)354-6938 (fax)		E-log #:		
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within		
Well Owner Information		Well Location 53			
Owner Name George Bradley		Latitude: <u>30°2(0 374</u> " Longitude: <u>086 50</u> , 283			
Mailing Address: Bayou Pines DR.		Method of Lat/Long (circle one): Conventional Survey,			
· · · · · · · · · · · · · · · · · · ·		USGS quad, Hand-held GPS, Survey-grade GPS			
Biloyi AS 39532 City State Zip Code		<u>NW 1/2 NW 1/2 Sec 13 Twn 775 Rng R9W</u>			
Telephone No. 028) 392 - 1552		Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Directorialle</u>			
Well Data					
Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: Date well drilling completed: Date well drilling completed:					
If flowing, method of flow regulation: Valve N/A Other (describe)					
Static Water Level: <u>95</u> feet at	ove obelow (circle one)	and surface Date measured:	<u>4 10-05</u>		
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>480'</u> Well depth: <u>480'</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: <u>405</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>fvc</u>					
Screen length: <u>15</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>					
Screen slot size:					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: <u>NA</u> 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					
T certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Health_regulations and state laws.					
JOCK KLAGAELI U-472		Jack	Kilpell		
Print Name of Water Well Contractor and	License No.	Signature of	Water Well Contractor		
RECEIVED					

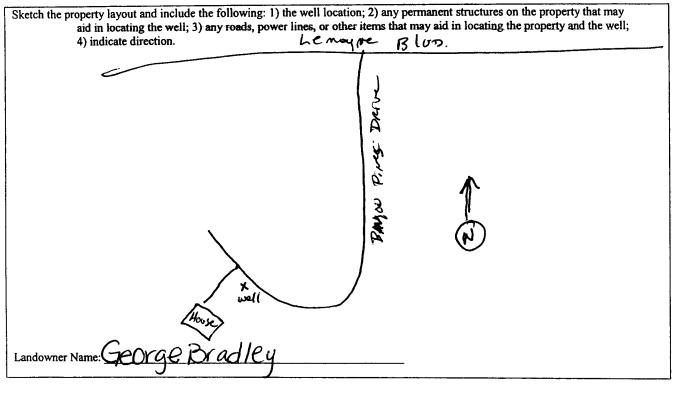
JUN 27 2005 BY: OLWR If well telescopes please sketch below and show depths.

N-904

Groun

d Level	Descrip	ption of Formations Encountered	From	То
	Toos		0	2
	Oran	ge, Clay	a	30
	white	Coarse Sand		78
	Blue ch	an	78	274
	Grayma	Hum + Coarse Sand	220	290
	Blue	clay ,	<u> </u>	400
	Gray M	rediam Sand	400	480
		· · · · · · · · · · · · · · · · · · ·		
				L
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If more than one screen, show location of each on sketch



lile Water Well Contractor Signature of

RECEIVED JUN 27 2005 **BY: OLWR**