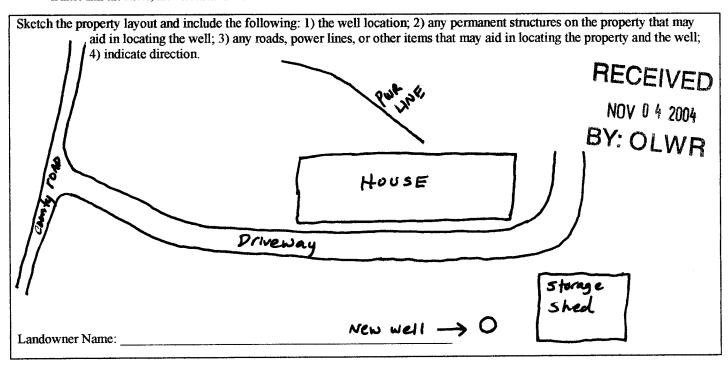
County: LAFAYETTE D'T Well Driller Re	port and Well Log				
Permit #: Mississippi Departmen	t of Environmental Quality nd Water Resources Well #:				
	nd Water Resources Well #:				
Driller: And Harles Woth Westice of Land a dervice of Land a dervi	S 39289-0631 L. S. Elevation:				
(001)	961-3210 E-log #:				
Never received Part 2 3/13 (601)354	4-6938 (fax)				
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 JAMIE FOSHEE	Latitude: 34 ° 12'52" Longitude: 89°27'04"				
Mailing Address: / 31 CR 475	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	\(\frac{18}{5E}\) \(\frac{18}{NW}\) \(\frac{18}{5E}\) \(\frac{18}{NW}\) \(\frac{18}				
Telephone No. ()	Distance Direction Nearest Town Miles of				
Well					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: $9/29/04$ Date well drilling completed: $9/39/04$					
If flowing, method of flow regulation: Valve Othe	r (describe)				
Static Water Level:feet above or below (circle on	e) land surface Date measured:				
Method of Measurement (circle one) steel tape electric ta	ape air line other:				
Hole depth: 180 Well depth: 180	Well grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite M	ix RECEIVED				
	inches Type of casing: PVC NOV 0 4 2004				
Screen length: <u>Le O</u> feet Screen diameter: <u>4</u>	inches Type of screen:PVCBY: OLWR				
Screen slot size:, 0 0inches					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet. If	f 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):	with all applicable requirements of the Mississinni Department of				
Name of organization running log(s). 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.					
$\Omega \cap \Omega$					
Rayburn tanks 0-414 Kayburn faile					
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

•	D Gi			(71)		
Ground Level	1-1			Description of Formations Encountered	From	То
			¬¬	CLAY	0	20
	<i> </i>	CLAY +SAND	20	30		
CASING				CLAY	30	140
C FEMBRY) [SAND	140	180
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor