Star	te Well Report		
County: LEE	Part I	For Office Use Only:	
Mississippi Depa	artment of Environmental Quality	Aquifer:	
Office of	Land and Water Resources P.O. Box 10631	Well #: <u>H-135</u>	
Driller: Clay Broeland Jack	son, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 6/23/C.C.	(601)961-5210 (01)351-6938 (fax)		
	(601)354-6938 (fax) E-log #		
State Law requires that this report be prepared 30 days of completion of drilling of the well.	by the driller in detail and filed w	vith the Department within	
Well Owner Information			
Owner Name Victory Properties	Latitude: 34 • 18 · 56	_" Longitude: 80° 41 · 22 "	
Mailing Address: 790 East Main Street Method of Lat/Long (circle		one): Conventional Survey,	
<u>.                                      </u>	USGS quad, Hand-held	1 GPS, Survey-grade GPS	
Tujelo MS 38804 SE (4 ME 14 Sec 7		7/Twn 95 Rng 6E	
Telephone No. (662) 842 - 3573		Newest Town of June 15, 195	
	Weil Data		
Purpose of Well (circle one) Home Industrial Public S	Supply Irrigation Fish Culture	Other: 14 or - win Wells 3	
Date well drilling started: 6/23/66	Date well drilling completed:	6/23/06	
If flowing, method of flow regulation: Valve			
Static Water Level:feet above or below(cire	cle one) land surface Date measured	: 6/23/06	
Method of Measurement (circle one) steel tape; elec	ctric tape air line other:	* *	
	Well grouted to a depth of	i 13 teet	
Type of grout (circle one): Cement Bentonite	Mix		
Casing length:feet	Zinches Type of casing:	PVC	
Screen length:feet	2inches Type of screen:	PVC	
Screen slot size:inches Setting depth	i: Fromfeet to	30 feet	
Type of completion (circle all applicable): Gravel packed	Underreamed Telescoped Op	en hole Natural Development	
Other (describ	oe);		
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one s	screen, describe on back of page	
Logs run (circle all applicable). No log run Electric Ga	amma Ray Density Sonic Neutron	Other:	
Name of organization running log(s):			
I certify that the well was drilled, constructed, and com	-		
Department of Environmental Quality and/or the Missi	ssippi Department of Health regulation	ons and state laws.	
John M. Matthews # 69	0 / / / / / / / / / / / / / / / / / / /	RECEIVED	
Print Name of Water Well Contractor and License No.	Signatur	e of Water Well Contractor AUG 0 2-2006	

BY: OLWR

Ground Level	
Ground Level	
. :	

Description of Formations Encountered	From	To
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If more than one screen, show location of each on sketch

When it and a service and a structures on the property that may	
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.	
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Signature of Water Well Contractor