State W	ell Report		
County: Leflore P	eart 1 For Office Use Only:		
Mississippi Departmen	t of Environmental Quality Aquifer:		
	and Water Resources Well #: G - 0/15		
Driller MIIICU Deallo CV	30x 10631 Well #		
Date drilling completed: 11-16-2004 (601)	961-5210		
(601)35	4-6938 (fax) E-log #: 6-0/15		
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	Well Location		
Owner Name Wayne Bush	Latitude: 33° 36', 34" Longitude: 90° 20', 26"		
Mailing Address: Rf. 1, Rop E74	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
C11 MC 2 rc C2	NE 1/4 SW 1/4 Sec 7 Twn 20N Rng /W		
Schlater MS 35952 City State Zip Code	Distance Direction Nearest Town		
-	Miles of		
Telephone No. (463 658- 1166			
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Jest Hoke</u> Date well drilling started: //-/5-2004 Date well drilling completed: //-/6-2004			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one)			
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: Well depth:	Well grouted to a depth offeet		
Type of grout (circle one): Cement Bentonite			
Casing length:feet Casing diameter:	inches Type of casing:		
Screen length:feet Screen diameter:			
Screen slot size:inches Setting depth: From _	feet tofeet		
Type of completion (entire an appropriate).	rreamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing: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): 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.			
Archie Mckenzie 0-535	St. M7h		

MDEQ /OLW New Hope Farms #/

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.	うりつ	~

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Ground Level	()	מאו)

Description of Formations Encountered	From	To	_
Clav	0	10	
silty clay	10	Zs	
Cond	25	63] .
Sand & Grane	63	MO !	38
Sand	138	144	1
Clar	144	185	
Soft Clay	185	210	
Clav	210	300	
			1
			1
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If more than one screen, show location of each on sketch

Sketch the property layout a aid in locating 4) indicate dire	d include the following: 1) the well location; 2) any permanent structures on the property that may he well; 3) any roads, power lines, or other items that may aid in locating the property and the well; tion
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Landowner Name:	7/14 000-

Signature of Water Well Contractor

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