art 2 never received 4/13 State 1	Vell Report	
Ton	-	For Office Use Only:
County: Part I -	Driller's Log	miler. M185
Permit #: Office of Land	and Minter Depositroop	
	Box 2309	ell #:
	- 10 20225	
Date drilling completed: 8-16-10 (60)	I)961- 5210	S. Elevation:
Date drilling completed: 0 - 10 (601)9	61- 5228 (fax)	log #:
×		•
State Law requires that this report be prepared by the l	icense holder responsible for the	vork and filea with the
Department at the above address within 30 days of con	npletion of drilling of the well or I Well or Boreh	oorenoie.
Information on Well Owner		
(Landowner if borehole is not for a water well)	Latitude: 31° . 24' . 322"	onvilude: 70° 13, 594
Diviner Name Hon DAI Trans		-
	Method of Lat/Long (circle one):	Conventional Survey.
Aailing Address:		Communica (CDC
	USGS quad, Hand-held GP	s, Survey-grade OFS
	5654 560 4 Sec 8	IND SN RNR IDE
Tayess MS. City State Zip Code		
City State Zip Code	Distance Direction Miles of	Nearest Town
-	Miles of	······································
Felephone No. ()		
Wall / De	rehole Data	
		cil
Date drilling started: 8-16-10 Date drilling completed: 8-16	-10 Hole depth: 140 Ho	le diameter:
-		
Logs run (circle all applicable): No log run Hlectric Gamma R	velopment:	
Method of dosing and volume of Chlorine used in drilling and de Logs run (circle all applicable): No log run Electric Gamma R Name of organization running log(): Purpose of borchole (check one): Water WellGeotechnical/Ge	velopment:	CF:
Logs run (circle all applicable): No log run Electric Gamma R Name of organization running log(St Purpose of borchole (check one): Water Well Geotechnical/Ge	velopment:	cr:
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Logs run (circle all applicable): No log run Electric Gamma R Name of organization running log(): Geotechnical/Ge Seismic Survey Other (descri Other (descri))))))))))))))))))))))))))))	velopment:ay Density Sonic Neutron Oth cological Investigation Ground So <i>libe</i>) <i>tion, skip the remainder of this block</i> plyIrrigation Fish Culture Other (describe) e) land surface Date measured: upe air line other:	cr: urce Heat Pump Other: <i>foultry</i> Have -16-10
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RECEIVED SEP 0 2 2010 BY: OLWR

M185 Description of formations encountered must be provided for all The sketch below only required for water wells wells and boreholes, unless specifically exempted by regulations If well telescopes, show depths on sketch. Description of Formations Encountered From (depth) To (depth) Ground Level_ Ground Level 20 40 \mathcal{C} 1 60 60 00 ίU lue 120 00 120 140 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) a north arrow. المعدا

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

old Holnesule Ril

laws. Brad Fifzgened Of Gr. 846-10 Print Name of Responsible Licensee and License No. Date

Landowner Name: Hon OA: TIAn.

(ushower set sup + Has Part 2 copy.

Signature of Licensee

