State Well Report				
ry: Panola Part 1		For Office Use Only:		
Mississinni Department of Environmental Quality		Aquifer:		
Permit #: Up Ko ko ka Ca Office of Land and Water Resources				
Driller: Tets wall Dellag P.O. Box 10631		Well #: <b>Q - 43</b>		
Jackson, M	IS 39289-0631	L. S. Elevation:		
Date drilling completed: 6-4-04 (601)	961-5210	- LANTEGOTE		
(601)354	4-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within		
30 days of completion of drilling of the well.				
Well Owner Information Well		Location		
Owner Name Thomas Thrms Latitude: 340/X:3		J Longitude: 90 °00 '785"		
Mailing Address: 211 W. Moreland	Method of Lat/Long (circle or	e). Conventional Survey 47		
	and the bong (office of	ic). Conventional Survey,		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Batesville MS 38606	SE 14 NW 14 Sec 14 Twn 95 Rng 8W			
City State Zip Code	32 1/4 /NV1/4 Sec_/	Twn 75 Rng OW		
State Zip Code	Distance Direction	N		
Telephone No. ()		Nearest Town of		
		UI		
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply	\	Other:		
Date well drilling started: ( Date s	well drilling completed:	-11 -01		
	,			
If flowing, method of flow regulation: Valve Other (d	escribe) NO 7/	243		
Static Water Level: 6 feet above or below (circle one) I		The state of the s		
Mathad of Massacram				
Hole depth: 78 / Well depth: 78 / Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 38 feet Casing diameter: 16 inches Type of casing: PUC				
Screen length: 45 feet Screen diameter: 6 inches Type of screen;				
	rype or screen;	700		
Screen slot size: (150 inches Setting depth: From 38 feet to 78 feet				
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 tel	escoped or more than one scre	en describe on back of		
Logs run (circle all applicable). No log and Electric G		acception on pack of hage		
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron (	Other:		
Name of organization running log(s):	AC.			
I certify that the well was drilled, constructed, and completed in a	cordence with all!			
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 Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor and License No. 0430				
Will PRIlling Vlung KEpsix Teto				
Print Name of Water Well Contractor and License No.	Cionata C	DEC TO		
043	Signature of S	water well-confector/ED		

No part 2

JUN 19 2006 BY: OLWR Ground Level

**RECEIVED** 

JUN 19 2006

BY: OLWR

Description of Formations Encountered

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If more than any severe 1			L	<del></del>
If more than one screen, sho	w location of each on sketch			
Sketch the property level 1				
oxocci die property rayout and in	clude the following: 1) the well loc	ation; 2) any permanent structures on the property that	mav	
A) indicate di	well; 3) any roads, power lines, or o	other items that may aid in locating the property and the	well	
4) indicate direction	a.	11)BIL LOCATED 5 M	1/2	<
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		eation; 2) any permanent structures on the property that other items that may aid in locating the property and the location of the property and the location of the location o		
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Landowner Name:				
				1