Permit #:  Driller: Tryscald wellswe P.O. B.  Date drilling completed: 5-22-07.  Part 1 - D.  Mississippi Department Office of Land a P.O. B.  Jackson, M.  (601):	For Office Use Only:  Aquifer: Well #: B-188  L. S. Elevation: E-log #:
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole.  Well or Borehole Location  Latitude: 31 • 15 56 J Longitude 40 • 25 59, 4
Owner Name_Velna Andrews  Mailing Address:	Method of Lat/Long (circle one): Conventional Survey, 59  USGS quad, Hand-held GPS, Survey-grade GPS  56 1/4 56 1/4 Sec 31 Twn 4 Rng 86
City State Zip Code  Telephone No. ()  Well / Bore	Distance Direction Nearest Town  Miles of
Date drilling started: 500 Date drilling completed 500 Date drilling: Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel Logs run (circle all applicable): 100 log run Electric Gamma Ray Name of organization running log(s).  Purpose of borehole (check one): Water Well Geotechnical/Geok	Opment:  Density Sonic Neutron Other:
Seismic SurveyOther (describe)  If drilling is not related to water well construction	n, skip the remainder of this block
Casing length: 60 feet Casing diameter: 4"	and surface Date measured: 5-32-07.  air line other:  of grout (circle one): Neat Cement Bentonite Mix  inches Type of casing:
Screen length: 10 feet Screen diameter: 9  Screen slot size: 4012 inches Setting depth: From	inches Type of screen:

Form: OLWR-SWR-1A

Constoner soms to set pump. They have copy of Part 2

feet. If telescoped or more than one screen, describe on next page

Other (describe):

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing:

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The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encountered wells and boreholes, unless specifically	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
Ground Level.	Description of Formations Encountered	From (depth)	To (depth	
		Ground Level		
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Huy570				
Landowner Name:certify that the well/borehole was drilled, constructed,	and completed in accordance with all applicable r	Form: OI WE	-SWR-1	
fississippi Department of Environmental Quality and to two.  Biad Ffzere d. 024.	he Mississippi Department of Health regulations,			

Date

Print Name of Responsible Licensee and License No.

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Signature of Licensee

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