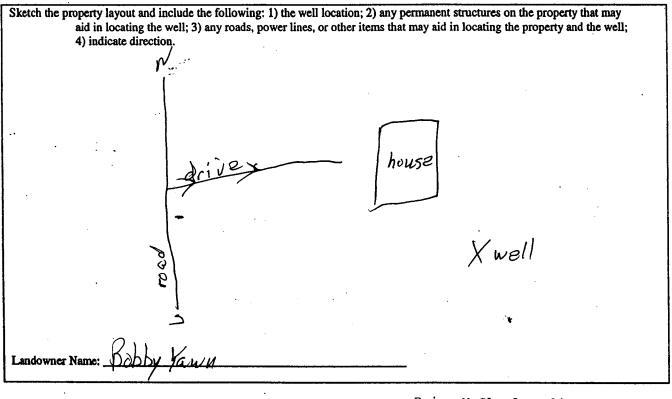
Bud a particular alla	· .	
	ell Report	For Office Use Only:
	art 1	
	t of Environmental Quality and Water Resources	Aquifer:
	Box 10631	Well #: 5-203
lackson M	IS 39289-0631	L.S. Elevation:
	961-5210 4-6938 (fax)	B-log #:
Sugaly An.		
State Law requires that this report be prepared by the	driller in detail and filed w	vith the Department within
30 days of completion of drilling of the well. Well Owner Information	Wel	l Location
Dwner Name Bobby Van M		
	Latitude: 31 • 13: 343 Longitude: 90 • 20:697	
Mailing Address: 1135 Heights Rd	Method of Lat/Long (circle or	ne): Conventional Survey,
	USGS quad, Hand-held	GPS, Survey-grade GPS
McComb My 39648	SE WIE 4 Sec 12	Two 3N Rog 815
MCComb M5 39648 City State Zip Code		Twn <u>31</u>/ Rng<u>875</u> 3
Felephone No. (601) 250 - 5318	Distance Direction 2 Miles NW	of Holmes ville
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply		Other:
Date well drilling started: <u>10/15/04</u> Date	well drilling completed: <u>10</u>	15/04
If flowing, method of flow regulation: Valve Other (e	describe)	
Static Water Level:feet above or below (circle one)	land surface Date measured:	10/15/04
Method of Measurement (circle one) steel tape	air line other:	·
Hole depth: <u>177</u> Well depth: <u>168</u>	_ Well grouted to a depth of	//) feet
	_ wen groutet to a deput of ,	/ <u>(/</u> .txi
Type of grout (circle one): Cement Rentonite Mix		Dura
Casing length: $\frac{158}{5}$ feet Casing diameter: $\frac{4}{5}$	inches Type of casing:	PUC
Screen length:feet Screen diameter:4	inches Type of screen:	Prc
Screen slot size: $(0/1)$ inches Setting depth: From	.158 feet to	168_feet
Type of completion (circle all applicable): Gravel packed Unde		
Type of completion (circle all applicable): Oravel packed Onde	arcamen reiescopen Ope	n note transit desclobilicit
Other (describe):		
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one sc	reen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma Ray	y 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	e requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi De	partment of Health regulation	ns and state laws.
GRENN WATER WELL & SUPPLY, INC.	$D \wedge A$	nech I.
Brian McClendon, lic. no. 0-664	Prian//	Hunder
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor
· · · · · · · · · · · · · · · · · · ·		RECEIVED
		SUBLIC ST THE SHOP
		NOV 17 2094
	·	BY: OLWR
		en an an a s

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If well telescopes please sketch below and show depths.

Ground Level E-225		Description of Formations Encountered	From	То
		red clar	0	3
		Sand	30	57
		Streaky	56	13
	l l	Sand	135	16
		white clay	165	$\frac{1}{z}$
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				+

If more than one screen, show location of each on sketch



Brian McClevedor

Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664 GRENN WATER WELL & SUPPLY, INC.

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