Permit #: Mississippi Depart  Driller: FLIGEVAL Well Severe Office of L  Date drilling completed: 10-20-14. Jacks	WELL REPORT Part 1  Driller's Log tment of Environmental Quality and and Water Resources P.O. Box 2309 son, MS 39225-2309 (601)961-5210 01)360-0535 (fax)	For Office Use On Well #:		
State Law requires that this report be prepared by the Department at the above address within 30 days of co	ompletion of arilling of the well	or vorenote.		
Well Owner Information (Landowner if borehole is not for a water well)	Latitude: 3107 53.5 Lo	Phole Location or $90^{\circ}32^{\prime}$	21	
Owner Name: Te Wackter	Method of Lat/Long (check one		1	
Owner Name: Te wackter  Mailing Address: Hamp hea Rd	USGS quad, Hand-held C		1	
	5 W 14 5 W 14, Sec_			
Magnolia M(, City State Zip Code				
Telephone No. ()	(Distance) (Direction)	of (Nearest Town)		
	Borehole Data			
Date drilling started: 10-20-14. Date drilling complete	d: <u>/0-20-14</u> Hole depth: <u>[12</u>	Hole diameter: £''		
Location of the source of any surface water used for dril				
Method of dosing and volume of Chlorine used in drilling				
Logs run (circle all applicable): No log run Electric Gar	nma Ray Density Sonic Neutr	on Other:		
Name of organization running log(s):			— l	
Purpose of borehole (circle one): Water Well Geotech	nical/Geological Investigation	Ground Source Heat Pump	(	
•	r (describe)			
If drilling is not related to water well				
Purpose of Well (circle all applicable): Home Industria		Fish Culture		
Other (describe):				
If a flowing well, method of flow regulation: Valve  Static Water Level:feet [above or below to be compared to the compared to t	ow] land surface Date measure			
Method of measurement (circle one): Steel tape Electri			- 1	
Well depth: 112 Well grouted to a depth of: 10			Mix	
Casing length:feet				
Screen length: 10 feet Screen diameter:				
Screen slot size:Oloinches			RE	CEIVE
Type of completion (circle all applicable): Gravel packet		Natural Development	DE C	0 1 2014
Other (describe):			ETTS O	V & CUI4
Top of lap pipe or reduction in casing:feet  If telescoped or more than	t n one screen, describe on next po	ige	E Y	DIW
		Form: OI WR-SWR-	-1A (4/1:	3)

Pump det by the Wavehouse.

If well telescopes, show depths on sketch.	Description of formations encounter wells and boreholes, unless specifica	lly exempted by rep	ulation
Ground Level	Description of Formations Encountered	From (depth)	To /4-
		Ground Level	To (de
	Cliy	C)	2.
	- Whene	20	60
	- Sund.	60	18
	clus	80	4
	Sunda	90	10
	(cysesand)	100	116
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ch the property layout and include the following: 1) the		property that may operty and the well	•
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Print Name of Responsible Licensee and License No. Date Signature of Licensee