out a never received 4/13 State We	Ell Report  For Office Use Only:
	100000000000000000000000000000000000000
Mississippi Department	of Environmental Quality Aquifer R223
Permit #: GW 4376 Office of Land are	d Water Resources
	ox 10631 S 39289-0631 L. S. Elevation:
Jackbon, 112	061_5210
Date drilling completed: (601)354	-6938 (fax) E-log #:
State Law requires that this report be prepared by the	driller in detail and filed with the Department within
30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Corpstene Ptnrs.	Latitude: 33 • 28 • 33 " Longitude: 091 • 05 • 20"
Mailing Address: PO BOX 188	Method of Lat/Long (circle one): Conventional Survey.
	USGS quad Hand-held GPS Survey-grade GPS
504 MC 38722	NW4 SE 4 Sec 17 Twn AN Rng 9W
City State Zip Code	1 - 1
-	Distance Direction Nearest Town
Telephone No. (60) 334 - 8069	4 Miles NE of GREENVILLE
	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 11-17-69  Date	well drilling completed: 11-17-89
If flowing, method of flow regulation: Valve Other	(describe)
Static Water Level:feet above or below (circle one	) land surface Date measured:
Method of Measurement (circle one) steel tape electric tap	e air line other:
Hole depth: 103 Well depth: 100	Well grouted to a depth offeet
Type of grout (cheek one).	$\mathcal{D}_{\lambda}(C)$
Casing length: 6 feet Casing diameter: 10	inches Type of casing:
	inches Type of screen:
Screen length: 40 feet Screen diameter. 10	
Screen slot size: .050 inches Setting depth: From	
Type of completion (circle all applicable): Gravel packed Und	
Other (describe):	
Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one screen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma F	Ray 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 requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi	Department of Health regulations and state laws.
1	<i>\</i>
JOHN NEWCOME 0:713	< cl Nauc
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor
The state of the s	

NO Pump set

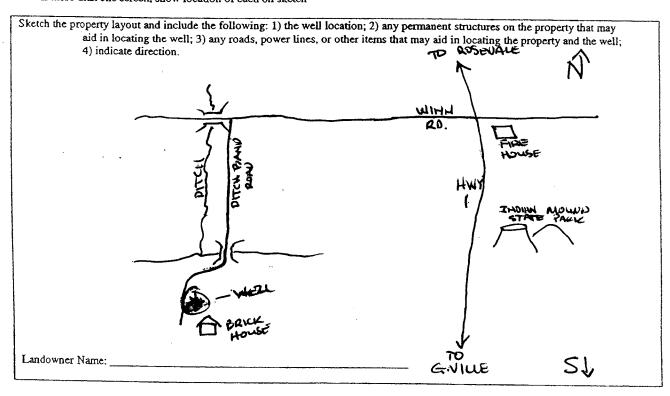
DEC 1 8 2009

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level		Description of Formations Encountered	From	To
		TOP SOIL		119
		FINE SAND / CLAY	10	40
	V 16" CASING	PINE SAUD	40	60
	V 16" CASING	GODD SAND/GRAVET	60	100
	•	CLAY	100	103
				-
				-
	1 40 UF CEREN			-
	1,050 500			-
		·		‡
				士
	<del></del>			+

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



Signature of Water Well Contractor