Out amount assessment alis.			
Part a never received 4/13 State		For Office Use Only:	
County: WASHINGTON	Part 1		
Mississippi Departr	Mississippi Department of Environmental Quality Aquifer.		
	Office of Land and Water Resources P.O. Box 10631 Well #:		
Driller: J. ME MOPE 0 117	1, MS 39289-0631	L. S. Elevation:	
Date drilling completed: \\-9-09\\	01)961-5210	1	
(601)354-6938 (fax)	E-log #:	
State Law requires that this report be prepared by 30 days of completion of drilling of the well.	the driller in detail and filed v	with the Department within	
Well Owner Information		II Location	
Owner Name GT 4T Farms.	Latitude: 53.22.58	" Longitude 90° 67, 58"	
Mailing Address: 1844 Jaqueline Dr.	Method of Lat/Long (circle of	one): Conventional Survey.	
Mailing Address: 18 11 3 40 0011 A		d GPS Survey-grade GPS	
2004	USGS quad, Hand-her	3 Twn 18N Rng 8W	
Greenville, MS 38701	NE 14 Sec 30	Twn ION Rng OVA	
City State Zip Code	NW Distance Direction	Nearest Town	
Telephone No. ()	Distance Direction 2.5 Miles SE	of GOENVILLE	
·			
	Well Data		
Purpose of Well (circle one) Home Industrial Public Sup	ply Irrigation Fish Culture	Other:	
Date well drilling started: 11-9-09	Date well drilling completed:	11-9-09	
Date well drilling stated. 17	d (tarantha)		
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle	one) land surface Date measure	d:	
Method of Measurement (circle one) steel tape electri	c tape air line other:		
Hole depth: 90	Well grouted to a depth of	f 10 feet .	
Type of grout (circle one): Cement Benjonite	Mix		
Casing length: 60 feet Casing diameter: 1	inches Type of casing	PrC	
Screen length: 30 feet Screen diameter: 16	<i>)</i>		
Screen slot size: , 050 inches Setting depth: From 60 feet to 90 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 telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Game			
Name of organization running log(s):			
I certify that the well was drilled, constructed, and comple	ted in accordance with all applica	able requirements of the Mississippi	
Department of Environmental Quality and/or the Mississi	Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		
	$\mathcal{L}\mathcal{N}$	A)0 \ \ a 0	
JOHN NEWCOME U-11:		-/ <u>/</u>	
Print Name of Water Well Contractor and License No.	Bignatu	ire of Water Well Contractor	
		MEGEVI	

NO Pump set

DEC 1 3 2008

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	
Screen _	CASTAG - 60'

Description of Formations Encountered	From	То
Top Soil	0	10
MIX CIAY	10	40
Fine sand	40	60
COAne sand	800	S
Goas CIAY		
3. /	185	93
<u> </u>		

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

	aid in locating the well; 3) any re	owing: 1) the well location; 2) any permanent structures on the property that may oads, power lines, or other items that may aid in locating the property and the well;
ותה	CAS	TUPON (CONEL)
nhows	TO PLANT	
P.	- RACEWAY RE	New well
06	V.F.W. PORD Landowner Name:	

Signature of Water Well Contractor