State V	Well Deport	
16100	Vell Report Part 1	For Office Use Only:
County, -	ent of Environmental Quality	Aquifer:
	and Water Resources	L 87
Driller 10 1-cen on C330001	Box 10631	Well #: _// - 0 /
	MS 39289-0631 1)961-5210	L. S. Elevation:
	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed v	vith the Department within
Well Owner Information	No Wel	l Location NG
Owner Name BRET KOBINSON	Latitude 20 03 (" Longitude 12 ° 17 ? "
Mailing Address: 370 BAR VALLEY RD	Method of Lat/Long (circle o	90 32 00
	USGS quad. Hand-held	i GPS, Survey-grade GPS
VAZ CT. MC 301911	1	Twn $3-\omega$ Rng $1/-\omega$
City State Zip Code	¼ ¼ Sec. 1/4	Twn_)-W Rng(/
Telephone No. (662) 746-9404	Distance Direction	of Cappo City
Telephone No. (Dez)	$\underline{5}$ Miles $\underline{5-\omega}$	of Corpo City
Wel	l Data	/ /
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other: Farm
Date well drilling started: 3-24-09 Date	e well drilling completed: 3-2	4-09
If flowing, method of flow regulation: Valve Other	(describe)	
Static Water Level:feet above or below (circle one		3-24-09
Method of Measurement (circle one) steel tape electric ta	pe air line other:	
Hole depth: 100 Well depth: 100	Well grouted to a depth of	/ O feet
Type of grout (circle one): Cement Bentonite Mi	x	^
Casing length: 80 feet Casing diameter: 2	inches Type of casing: 1	PVC
		10 -
Screen length: 20 feet Screen diameter: 2		100
Screen slot size:inches	180 feet to 10	feet
Type of completion (circle all applicable): Gravel packed Unc	derreamed Telescoped Open	n hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one sc	reen, describe on back of page
Logs run (circle all applicable): No log run Blectric Gamma R	ay Density Sonic Neutron	Other:
Name of organization running log(s): Wo PUN	IP SET	1
I certify that the well was drilled, constructed, and completed i		
Department of Environmental Quality and/or the Mississippi I	Department of Health regulation	s and state laws.
F (250) = 11 0	5 AV	1

Print Name of Water Well Contractor and License No.

APR 0 9 2009

BY: OLWR

Signature of Water Well Contractor

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the property layout and include the following: 1) the waid in locating the well; 3) any roads, power line	ell location; 2) any permanent structures on the property as, or other items that may aid in locating the property as	y that may nd the well;	
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more than one screen, show location of each on sketch the property layout and include the following: 1) the waid in locating the well; 3) any roads, power line 4) indicate direction.	ell location; 2) any permanent structures on the property as, or other items that may aid in locating the property as	y that may nd the well;	•
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If well telescopes please sketch below and show depths.

Signature of Water Well Contractor