AMIL!	LOCATED	MISS	Sissippi i	EPARTMENT OF ENV		
WELL NUMBER	CODED	PERMIT NUMBER		Office of Land and Wa	QU star Bac	ALITY
10 =		NAME OF DRILLING FIRM			4101 1103	ouices
10-01 11 Cutagra W. (1)			P. O. Box 10631			
DATE WELL COMPLETED			Jackson, MS 39289-0631 WATER WELL DRILLERS LOG			
NAME & MAILING ADDRESS OF LANDOWNER						
Richard Robinson			PUMP DATA			
			Submersi	PE (Circle One):	flouis	~ 14/a/I
Roll	man Rdi	Busy Coner	Other (Describe)			
Latitude:	SOR NO.	2007 (011077	POWER TYPE (Circle One): (Electric, Tractor, Diesel, Gasoline, /Butane,			
Longitude:			(Electric). Tractor, Diesel, Gasoline Butane, Other (Describe)			
WELL LOCATION	. SEC	TOWNSHIP RANGE	DESCRIPTIO	N OF FORMATIONS ENCOUNTERE		то
1	2	4 (V) 3 (S)		Clay,	0	30
DISTANCE	DIRECTION			Synt Agravel	30	10
4 Miles North of Busy Coner			 	clayi	80	150
OTHER LANDMARK			<i></i>	Fine / Sund	ISO	160
			<u> </u>	-Clufe Five sand	160	255
WELL PURPOSE; flome) trrigation, Municipal, Industrial, Fish Pond, etc.				arse Sand	255	275
WELL DATA					1	
Well Depth	Casing Diameter					
275	4"	255'	ļ			
Type of Casing	Hole Depth	Depth to Static Water Level	ļ <u> </u>	<u> </u>	ļ	
PVC	275	Q05'			 	
Gravel Packed		le One or More): amed, Telescoped,		DEOEN		
Natural Development, Open Hole, Other				HLCEIVE		
(Describe)						
WELL GROUTED TO A DEPTH OFFEET Type Grout (circle one): Cement, Bentonite, or Mix				JAN 15 200	4	
Type Grout (car	cie one): Cem	ent, Bentonite, or Mix		133/4 / 3 I SO C	ļ.,	
SCREEN DATA			<u> </u>	DEULV	 	
Diameter - Inches	Length-Feet	Stot Size - Inches	·			
Screen Type	<u> </u>	102	}		1	1
Puc		Depth to Bottom - Feet	Top of Lap	Pipe or Reduction in Casing		
		T ~ 10	FEET ONE SCREEN: USE BACK PAGE			
I contification	tha11	.4.29. 4				
Requirement	te of the Mic	drilled, constructed and	i complete	d in accordance with all	applica	ble
Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						
•	,	,				, [
2.1	d-1	/		10 - 13		·
Signature	JANGEW Ticon	1 0291		123-031	·	_
oignamic of	ricensed Dr	iller and License No.		Date		1 1

Additional Information Required On Back