					-		:		
Boliva				MIS:	Sissippi [DEPARTMENT OF ENVI			
WELL NUMBER	CODED	CODED PERMIT NUMBER				Office of Land and Water Resources			
K-160							er Hes	ources	
NAME OF DRILLING FIRM ITTIGATION E				Eq	uipmen	t Inc. P.	O. Box	10631	
DATE WELL COMPLETED Indianola, M 5-2-01				MS		j Jackson, MS	3928	9-0631	
NAME & MAILING ADDRESS OF LANDOWNER						WATER WELL DR	HLLEK	SLOG	
Gypsy Farms				- 1	PUMP DATA				
c/o Dale Burns 125 Forkland Rd.					PUMP TYPE (Cirote One):				
Greenville, MS 38701				- 1	Submersible, Turbine, Jet Flowing Well, Other (Describe)				
Latitude:					POWER T	YPE (Circle One):			
Lantude:					Clectric Tractor, Diesel, Gasoline, Butane, Other (Describe)				
WELL LOCATION. SEC TOWNSHIP RANGE					n/r				
sw/sw		20N		E	Clay	TOT TOTAL TOTAL ENCOUNTERED	0	35	
DISTANCE DIRECTION NEAREST TOWN					Fine	Sand	35	41	
East Lamont				`		Sand/gravel	41	58	
OTHER LANDMARK					Fine		58	70	
					Med.	Sand/gravel	70	107	
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.				etc.					
Irrigation									
* * * * * * * * * * * * * * * * * * * *	WELL DA	ATA		ب					
Well Depth	Casing Diameter (f	ი.)	Casing Length (F(.)	ļ				
107	10	6	72	-]					
	Hole Depth		latic Water Level		ļ			·	
pvc 107 18ft.				4					
TYPE OF COMPLETION: (Circle One or More): Gravel Packed Underreamed, Telescoped, Natural Development, Open Hole, Other				. 1					
(Describe)		·		.			-		
WELL GROUTED TO A DEPTH OFFEET									
Type Grout (circle one): Cement, Bentonite, or Mix									
	SCREEN D	ATA	-	_		2.40			
Diameter - Inches	Length - Feet		ol Size - Inches	ا ر		ECD SEP 10 20	201		
16	35	1	.050			FOR OFFE TO AL	ן זיטנ		
Screen Type	· · · · · · · · · · · · · · · · · · ·	Depth (o Boltom - Feel	_	Top of Lap	Pipe or Reduction in Casing			
pvc 107			_] .	JE TEL COCOCCO COLLOGE THE					
						FEET ONE SCREEN: USE BA	CK PAGE		
I certify that	he well was	drilled	constructe	d and	oomen late.	d in accordance with all a			
Requirements	of the Missi	issinni i	Denartment	of T	rvironmo	u in accordance with all a ital Quality and/or the Mi	pplical	ole	
Department o	f Health reg	lations	and state b	aws.	TAITOINIIGI	ital Quality and/or the Mi	ssissip	pı	
-	1	V		••• ••				:	
1: 1/2/2									
0-439				_		9-5-01			
Signature of Licensed Driller and License No.						Date	-	· [
V.			:					; l	
					·				
Additional Information Required On Back									