COUNTYWELL	LOCATED			MISS	SISSIPPI D	EPARTMENT OF ENVI	RONME	ENTAI
	<u>Bolivar</u>				QUALITY			
WELL NUMBER CODED PERMIT NUMBER						Office of Land and Wa	ter Res	ources
NAME OF DRILLING FIRM						D	O Boy	10001
DATE WELL COMPLETED Tridianola M				rd Pa	uipmen	t Inc. P. Jackson, MS	39289	10031 1.0831
<u> </u>					* 1	WATER WELL DE	ILLER:	SLOG
,	ADDRESS OF LAN					PUMP DATA	. 7	
Gaylon Lawrence								
123 Bayou Road					PUMP TYPE (Circle One): Submersible, (urbine) Jet Flowing Well, Other (Describe)			
Greenville, MS 38701								
Latitude:					POWER T	YPE (Circle One):		
Longitude:					Electric, Tractor, Olesel Gasoline Butane, Other (Describe) H/P 125			
WELL LOCATION. SEC TOWNSHIP RANGE					DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO			
ne/sw	_		NI.	Εļ		Sand		
DISTANCE DIRECTION NEAREST TOWN					Fine		15	15 25
Miles NE SCOTT						Sand	25	35
OTHER LANDMARK						Sand	35	45
					Med.		45	55
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.					Coars	e Sand	55	65
Pivot Irrigation					Coarse	e Sand/gravel	65	95
WELL DATA					Clay			105
Well Depth	Casing Diameter		Casing Length (F	ឆា				
105	16		65					
Type of Casing	Hole Depth	Depth to	Static Water Level	⊣ i				
pvc	105			,				
TYPE OF COM	PLETION: (Circ	le One or	More):	-1 1		··· <u></u>		
Gavel Packed. Underreamed, Telescoped,						per s		
(Describe)	burgur, (open mor	e. Othe					
WELL GROUT	EO TO A DED	71.05	1	4 1	DEA	B 2		
WELL GROUTED TO A DEPTH OFFEET Type Grout (circle one): Cement, Bentonite, or Mix					- KeG	DSEP 10 20d	1	\vdots
7,7			COUNTY OF THE	╛╽				<u>:</u>
	SCREEN			_	· · · · · · · · · · · · · · · · · · ·			-
Diameter - Inches	Length Feet		iol Size - Inches					
Screen Type	40		050	_ }			ı	1
Depth to Bottom - Feet PVC 105					Top of Lap Pipe or Reduction in Casing			
					FEET ONE SCREEN: USE BACK PAGE			
P		·		*	-			
I certify that	the well was	drilled	, constructed	l and	complete	d in accordance with all a	applical	ole Î
Requirement	s of the Miss	sissippi	Department	of E	nvironmer	ital Quality and/or the M	ississip	pi
Department of	of Health reg	ulation	s and state la	ws.		- •		•
,		/	7					
//) 11	<i> </i>	/ 0-	43	9	9-7-01		
Signature of Licensed Drifter and License No.								
ARTIGITATE OF	Licensed Di	mer and	License No			Date		
			•					- 1
* * *	**		Additional I	ıfor	nation Rec	uired On Back		ļ
						Immore OT DOCK	2	1