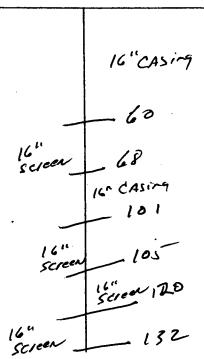
	Circle S	Helena.	
	State We	ll Report	
County: Co Homa	Part 1		For Office Use Only:
	Mississippi Department o		Aquifer.
Permit #:	Office of Land and P.O. Box		Well #: <u>D- 47</u>
Driller: JOHN HEWCOME 0-773	Jackson, MS		L. S. Elevation:
Date drilling completed: $6 - 13 - 86$	(601)96	1-5210	
	(601)354-0	6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling			
Well Owner Informs		Wel	1 Location
		Latitude: 34 • 17 ' 04	" Longitude 090 40, 07 "
Mailing Address: To BON 8	97	Method of Lat/Long (circle o	ne): Conventional Survey,
		USGS guad. Hand-held	I GPS, Survey-grade GPS
CLARSDACE	.Ms. 386/4	NE 14 SW 14 Sec 24	Twn 28N Rng 5W
City St	ale Zip Code	Distance Direction	Nearest Iown
Telephone Ng (2) 62 (-20	φ <u>φ</u>	2 Miles North	of Farrell Ms,
	Well Da	nta	······
		1	04
Purpose of Well (circle one) Home In			Other:
Date well drilling started: 6-13-	OG Date we	ell drilling completed:	-15-06
If flowing, method of flow regulation: Va	alve Other (de	scribe)	
Static Water Level:feet a	above or below (circle one) la	nd surface Date measured	
Method of Measurement (circle one)	steel tape electric tape	air line other:	
Hole depth: <u>132</u> Well d		well grouted to a depth of	feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 108 feet Cas	sing diameter: <u>16</u>	_inches Type of casing:	PUC
Screen length: <u>24</u> feet Sc	reen diameter: 16	inches Type of screen:	PVC
Screen slot size: inches	• •		1
		•	
Type of completion (circle all applicable): Gravel packed Underr	eamed Telescoped Ope	n hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet If tel	escoped or more than one si	reen, describe on back of page
		_	
	- Distanta Commun Data	D O	Other:
Logs run (circle all applicable): No log	rund Elecuric Gamma Ray	Density Sonic Neutron	Culdi:
		-	
Name of organization running log(s): I certify that the well was drilled, cons	structed, and completed in a	ccordance with all applicab	e requirements of the Mississippi
	structed, and completed in a	ccordance with all applicab	e requirements of the Mississippi
Name of organization running log(s): I certify that the well was drilled, cons Department of Environmental Quality	structed, and completed in a and/or the Mississippi Dep	ccordance with all applicab	e requirements of the Mississippi
Name of organization running log(s): I certify that the well was drilled, cons Department of Environmental Quality JOHN NEW LOME 0-	structed, and completed in a and/or the Mississippi Dep 773	ccordance with all applicable artment of Health regulation	ns and state laws.
Name of organization running log(s): I certify that the well was drilled, cons Department of Environmental Quality	structed, and completed in a and/or the Mississippi Dep 773	ccordance with all applicable artment of Health regulation	e requirements of the Mississippi
Name of organization running log(s): I certify that the well was drilled, cons Department of Environmental Quality John New come O Print Name of Water Well Contractor ar	structed, and completed in a and/or the Mississippi Dep 773 nd License No.	ccordance with all applicable artment of Health regulation 40 Signature	e requirements of the Mississippi, ns and state laws. معامل of Water Well Contractor
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If well telescopes please sketch below and show depths.

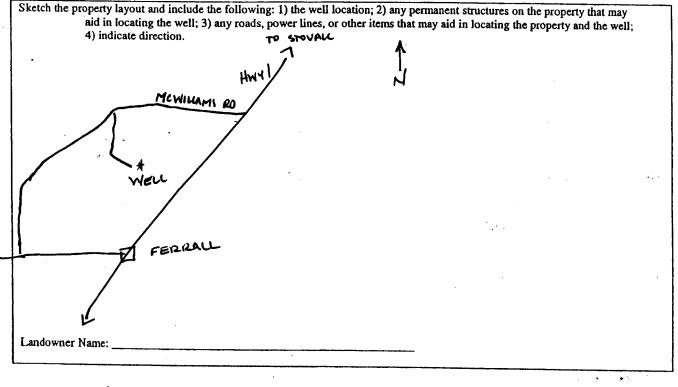




Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	40
Fire Sand	40	60
COALSE SAND	60	68
Fine Sand	68	101
COArse Sand	101	105
Fine Sand	105	120
CDArse Sand -gravel	120	132
Gray CIAY	132	

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



Signature of Water Well Contractor