		•							
COUNTY WELL L	OCATEO		Mis	esiesi	PPI C	DEPARTMENT OF ENVI			
WELL NUMBER	Z CODED	PERMIT	NUMBER			Office of Land and Wa		ALITY	
NAME OF DRILLING FIRM				1 /	1	P.	О. Вох	10631	
DATE WELL CUMPLETED				<u>ر د د د د د د د د د د د د د د د د د د د</u>	Jackson, MS 39289-0631				
NAME & MAILING ADDRESS OF LANDOWNER				<u> </u>	WATER WELL DRILLERS LOG				
84 0 Jh				-	PUMP DATA				
209 Noel Eubantell				∫€u	PUMP-TYPE (Circle One): Submersible, Turbine, Jet Flowing Well, Other (Describe)				
Sundali Ms 39452					WER 1	YPE (Circle One):		_	
Latitude: 30° 55 34N Longitude: 088° 28 30 W					Electric Tractor, Diesel, Gasoline, Butane, Other (Describe)				
WELL LOCATION		TOWNSHIP	RANGE	DES	CRIPTIO	IN OF FORMATIONS ENCOUNTERED	FROM	то	
		<u> </u>	EX 5 To	_4	Top	land	0	5	
DISTANCE	DIRECTION	227 227	NEAREST TOWN	<u>-</u> 2	and	clay	30	30	
	Miles	ري. دراه <u> </u>	ucedale		RO	CX Aug	20	87	
OTHER LANDMAR	* 6 11	.#	1 10		Zn.	1 Pard	82	103	
MELL BURBOSE	6 T/	mil-	ustrial, Fish Pond, etc.	77 7	BR	les Clar	103	120	
WELL FORFOSE.	norm, miganon, mi	anacipali, and	ustrial, Fish Pong, 816.		Da	nd find	120	142	
	WELL D	ΔΤΔ			ملاء		142	155	
Well Depth	Casing Diameter		Casing Length (Ft.)		Bli	u clay	155	2/2	
250	44		240	<u> </u>	ail	\	210	2321	
Type of Casing	Hole Depth	Depth to:	Static Water Level	 	مم	ure pand	1337	250	
PVC40	250	I = I	60'				 		
TYPE OF COM									
Cravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other						DECEIVE	FD		
(Describe)	·								
WELL GROUT	ED TO A DEF	THOF	10 FEET			AUC 2 2 20	13		
Type Grout (circle one): Cement, Bentonite, or (Mix)						AUG E L E			
SCREEN DATA Diameter - Inches Length - Feet Stot Size - Inches				<u> </u>		BY: OLV	/R_		
44	10		* 8						
Screen Type	1	Depth	to Bollom - Feet	Top	of La	Pipe or Reduction in Casing			
OVC papper 250'					FEET ONE SCREEN: USE BACK PAGE				
I certify that	Toolige should be a state of the state of th								
I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi									
Department of Health regulations and state laws.									
		C				•		-	
Mi	chaelt	21	wholog	408		8-20-	03		
Signature of	Licensed D	riller aŋ	d Cense No.	• =		Date		-	
		<i>(</i>	<i>الا</i>					1	

Additional Information Required On Back