	•••						
COUNTY WELL LOCATED	ISSIPPI DEPARTMENT OI		, <del></del>				
WELL NUMBER CODED	PERMIT NUMBER	Office of Land a	Qu and Water Resc	ALITY Durces			-
9-13	NAME OF DRILLING FIRM	1.01	P.O. Box				
9-29-03	W Serv		ion, MS 39289 ELL DRILLERS	9-0631 S LOG			
Olitan Busby 1997 Verral River Let		PUMP DATA			1000		
		PUMP TYPE (Circle One): Submersible, Turbine, Jet Flowing Well, Other (Describe)					
Lewelsh	M539482	POWER TYPE (Circle One):	<del></del> -		Valendagener		and the state of t
Latitude: Longitude:		Electric, Tractor, Diesel, Other (Describe)	Gasoline, B	utane,			in Committee
	OWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCO		то	of annual control	o vi Mare lemma ne la restricción	
26 -	T14 R7&	top sand	0	5		MATERIAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS OF THE P	entralista de la companio
DISTANCE DIRECTION	N NEAREST TOWN	gravel co	20	30			
OTHER LANDMARK	of Career	Blu Ol	ry 30	<i>9</i> 5	the annual first standard programme who man	nets confidence (necessaries)	erra in construction of the
2 east of 98+		Mid san	L 55	68	a continue in the second of		
WELL PURPOSE fidine, Vilgation, Mun							
WELL DA Well Depth Casing Diameter (i		34 Pr	·		The Say of the Control of the Contro	e	2. 25. 25. 25. 24.
68 2"	58'				The state of the state of		
Type of Casing Hole Depth	Depth to Static Water Level					888 880 - 38 88	
PUC 40 68 TYPE OF COMPLETION: (Circle	20'				encertain attorner en s	a de la companya de la companya La companya de la co La companya de la companya d	Apparenti
Gravel Packed, Underrea	med, Telescoped, Open Hole, Other	RECE	VED	192 <b>3</b> .			
WELL GROUTED TO A DEPT	FLOS /(2) FEE	OCT 2 1	2003		and the second		ta a jej 181 je.
Type Grout (circle one): Ceme		3 -1401	MID			,	,
SCREEN D	ATA	BY: Ot	_777				
Diameter - Inches Length - Feet	Sioi Size - Inches						
Screen Type	Depth to Bottom - Feet	Top of Lap Pipe or Reduction in	Casina		Property of the second		en e
PVC rayeped 68'		IF TELESCOPED OR MORE THAN					
			EN: USE BACK PAGE				
Requirements of the Miss	issippi Department of E	l completed in accordance v Invironmental Quality and/o	vith all applical or the Mississip	ble pi		:	
Department of Health reg	ulations and state laws.	•	-				
micha DRA	to 1 1 nune	) //) -	20017				en e
Signature of Licensed Dri	ller millicense No.	10+	20-03 Date	- ]			
_	W		<b></b>				
Additional Information Required On Back							in and a second of the second

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