COUNTY WELL LE	DCATED		Mi	SSI	SSIPPI D	EPARTMENT	OF ENVI	RONMI	ENTA			
HAYYI'SC WELLMUMBER	Harrison					Office of Land and Water Resource						
A-2009						Cinco di Lan	u allu wa	rei Les	ource			
			ise Well	S	ervice		P.	O. Box	1063			
DATE WELL COMPLETED					5	Ja	ckson, MS WELL DF	39289 RILLER:	9-063 S I O			
NAME & MAILING	ADDRESS OF LAN	DOWNER	<del>                                      </del>	]"	<del>`</del>		DATA					
Drsoh	Marla	is T	imber	İ.	S. 10 4 S. T.14		DATA					
P. O. POV 219				1	PUMP TYPE (Circle One): Submersible, Turbine, Jet Flowing Well,							
Suicer MS 39574					Other (Describe)  POWER TYPE (Circle One):							
Latitude: Longitude:				4	Electric, Other (De	Tractor, Dies		line. E	lutane,			
WELL LOCATION.	SEC	TOWNSHIP	RANGE	li	DESCRIPTIO	N OF FORMATIONS E		FROM	Ττο			
	24	5	8 13 E		SA	IND GRA	JEL	0	50			
DISTANCE	DIRECTIO	N T	NEAREST TOWN			LAT		50	7°			
4.	Arles //	of _	Sisana			<u> </u>	<del></del>	70	70			
OTHER LANDMAR	K		0	Н		CLR		90	105			
						ZHND		105	120			
WELL PURPOSE: H	ome, Irribation, Mu	nicipal, Indus	trial, Fish Pond, etc.									
	WELL D											
Well Depth	Casing Diameter	(In.)	Casing Length (FL)	ŀ	<del></del>	<del></del>						
100	مل		110						-			
Type of Casing	Hole Depth		itic Water Level					:				
TYPE OF COM	「とし」 PLETION: (Circ	le One or N	youe).	ļ								
TYPE OF COMPLETION: (Circle One or More):  Gravel Packed: Underreamed, Telescoped,			ŀ		RECE	<del>-11/1-1</del>						
Natural Develop (Bescribe)	ment	Open Hole,	Other	ŀ	<del></del>	TILUE	IACI					
WELL GROUT	ED TO A DEP	THOE	/O FEET	1		1111 1	1 2002					
Type Grout (cire						<u> </u>	1 2002	_	-			
<del></del>	SCREEN	DATA		<u> </u>		BY O	LWE					
Diameter - Inches	Length - Feet		f Size - Inches	ļ								
2	10		اماص	ļ								
Screen Type			Battom - Feet	1	Top of Lap	Pipe or Reduction	in Casing					
ρνς		1 13	<u>ao</u>			FEET ONE	ESCOPED OR SCREEN: USE 8	MORE THA ACK PAGE	N			
I certify that Requirement Department	s of the Mis	sissippi I	Department of	f E	complete nvironme	ed in accordance ntal Quality an	e with all	applica Iississip	ble opi			
Signature of	# 1/L Licensed Dr	riller and	> O-Q License No.	oC	)	10-3	30 - O Date	<u></u>	-			

Additional Information Required On Back

if well telescopes please sketch and show depths.													
GROUND LEVEL						<del></del>							
•													
				,	•								
:				SECTION Please indicate well location X.									
		Pump		M) No. of Su									
		PUMI	TEST	_ 1				FT.					
		We	II yielde	d			. GPM	l with					
			a drawdown of ft.										
			after hours of pumping										
			LOG DATA										
			TYPE OF LOG RUN (Circle One): No Log Run. Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe)										
			Name of Organization Running Log										
					GEOLOGIC DATA (Office Use Only)								
		<b>I</b>	ce Elev.	Geologic Unit	┸	nit Thickness nalysis	<u> </u>	to Top r Test					
		<u> </u>	r's Remarks	- <del></del>			1						
	Lo+3												
								<u> </u>					
If more than one	screen.					<u>-</u>							
show location of													