	Ame	colocinal E	SEDARTMENT OF FARIE								
HALCISON	mus	33331PPI L	EPARTMENT OF ENVIR								
WELL NUMBER CODE	PERMIT NUMBER		QUALITY Office of Land and Water Resources								
0 01	NAME OF DRILLING FIRM) Day	10004						
D-0101	Neggist Well	Service	Jackson, MS	D. Box	10631						
DATE WELL COMPLETED 4 - 6 - 04			WATER WELL DR	ILLERS	LOG						
NAME & MAILING ADDRESS OF	LANDOWNER		DUIL DATA								
R. N'	- 1100115	 	PUMP DATA								
19002 d	Dowell Rd.		PUMP TYPE (Circle One): Submersible. Turbine. (let) Flowing Well								
	Dowell Kol.	Other (De		Flowing	Well,						
Saucer 4	<u> </u>		YPE (Circle One):								
Latitude:		Electric. Tractor. Diesel, Gasoline, Butane,									
Longitude:		Other (Describe) H/P									
WELL LOCATION. SEC	TOWNSHIP RANGE	DESCRIPTIO	N OF FORMATIONS ENCOUNTERED	FROM	то						
19	5 % 12 A	<u> </u>	clay	0	15						
DISTANCE DIRE	ECTION MEAREST TOWN	L	sand	15	65						
H N	J. Inan		clay	65	/35^						
OTHER LANDMARK	91 (NANO)	L	5cmal	135	140						
			class	140	160						
WELL PURPOSE: Home Urigatio	n, Municipal, Industrial, Fish Pond, etc.		Sand	160	170						
WFI	L DATA										
Well Depth Casing Dian											
170' 6	2" 160	ļ									
Type of Casing Hole Depth	Depth to Static Water Level										
PUC 170											
TYPE OF COMPLETION:	(Circle One or More):										
Gravel Packed. Und	lerreamed, Telescoped,										
(Describe)	Open Hole, Other										
		. ——	HECEIVE								
	DEPTH OF /O FEET										
Type Grout (circle one):	Cemerit, Bentonite, or Mix	ļ	<u>JUN 17 200</u>	4							
SCREI	EN DATA				-						
Diameter - Inches Length -				\mathbf{H}							
2 1	0 004	-	D1. 0 = 19	• •							
Screen Type	Depth to Bottom - Feet	Top of La	Pipe or Reduction in Casing								
PVC	170'	IF TELESCOPED OR MORE THAN									
		l	FEET ONE SCREEN: USE B	ACK PAGE							
	was drilled, constructed a										
Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi											
Department of Health	n regulations and state law	/S.									
0114				~ 1	- 1						
Kaparr	$\longrightarrow M_{N_N}$	\wedge	14-70-	V4	•						
Signature of Licensed Driller and License No. Date											
Dignamic Of Licelbo	a Dimini una Dicense 140,		Date								

Additional Information Required On Back

If well telescopes please sketch and show depths.	:								
GROUND LEVEL									
								l	
	SECTION Please indicate well location X. Pump Capacity (GPM) No. of Stages Setting Dopth FUMP TEST								
	Well yielded GPM v-ith 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) Surface Elev. Geologic Unit Unit Thickness Depth to Top								
ŀ	Subs	SWL	Date		Anah	reis	Aquite		
	Driller's Remarks								
If more than one screen, show location of each on sketch.									