COUNTY WELL	OCATED		Mis	SSISSIPPI D	EPARTMENT OF ENV		NTAL ALITY	
WELL NUMBER	CODED PERMIT NUMBER			 	Office of Land and Wa			
DATE WELL COM					P Jackson, M WATER WELL D	. O. Box S 39289 RILLERS	0-0631	
NAME & MAILING ADDRESS OF LANDOWNER					PUMP DATA			
Jeff Perrelt				PUMP TYPE (Circle One):				
6010 12007 KM				Other (De		Flowin	g Well,	
Jucilson, Ms				POWER 1	YPE (Circle One):			
Latitude: Longitude:				Other (Describe) H/P 2				
WELL LOCATION SEC TOWNSHIP RANGE				DESCRIPTION	N OF FORMATIONS ENCOUNTERE		10	
	23	L (\ \	aco Sound	0	10	
DISTANCE	DIRECTIO	N AC	NEAREST TOWN	clay	1	10	15	
4 Miles Fast of Byrum				5cm		15	3/	
	OTHER LANDMARK				7	3/	70	
1				50		70	86	
WELL PURPOSE; Home, Irrigation, Municipal, Industria) ish Pond, etc.				Cla		86	70	
Indu	istan			<u>'</u>			 	
	WELL D		·			- 		
Well Depth	Casing Diameter (In.) Casing Length (FL)				1			
86	9	l a	60 //		· · · · · · · · · · · · · · · · · · ·	1		
Type of Casing	Hote Depth	Depinio	Static Water Level					
TYPE OF COM	PLETION: (Circ	le One or	/ More):			_		
Gravel Packed.	Underre	amed.	Telescoped,					
Natural Development, Open Hole, Other (Describe)					RECE	VC	 	
	EO TO A DED	TH OF	20 FEET			 		
WELL GROUTED TO A DEPTH OFFEET Type Grout (circle one): @ment_Bentonite, or Mix					MAR n	1 2007	1	
***************************************						1 2004		
Diameter - Inches	SCREEN I		Stot Size - Inches		RV∙ ∩	NA/E	b	
T.	15		0.08		D1. O	HAA 1	1	
Screen Type		Depth	to Bottom - Feet	Top of La	p Pipe or Reduction in Casing	· 		
PUC 86				,	IE TELESCOPED OR MORE THAN			
				<u> </u>	FEET ONE SCREEN: US	BACK PAGE		
I certify that		s drilled	constructed	and complet	ed in accordance with a	Il applica	able	
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.								
Department	ts of the Mis				· ・ ・	-00	21	
Department	ts of the Mis	gulation	is and state lav	vs.	2-26	-09	1	
Department	ts of the Mis	gulation	is and state lav	vs.	2-26	-09		
au	ts of the Mis of Health re	gulation		vs.	2-26 0598 Date	-09	-	

Additional Information Required On Back