| ( 00 m = 1 + 1 = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 |                      | Anc                                  | eleelbbi F  | EPARTMENT OF ENVI             | DANNE  | -  |  |  |  |  |
|--|----------------------|--------------------------------------|---|-------------------------------|--|--|--|--|--|--|
| Jack S   | 5h                   |                                      | NIJOPPI L   |                               | QU.  | ALIT   |  |  |  |  |
| WELL NUMBER                                    | CODED                | PERMIT NUMBER                        |   | Office of Land and Wa         | ier Resc   | ource  |  |  |  |  |
| 7 - 14   | 21                   | NAME OF DRILLING FIRM                | 11  | P.                            | O. Box   | 1063   |  |  |  |  |
| DATE WELL COM                                  | PLETED               | PIERCE WE                            | Jackson, MS 39289-063   |                               |  |  |  |  |  |  |
| 2-4-4  |                      |                                      |   | WATER WELL DF                 | <b>IILLERS</b>                                   | S LOC  |  |  |  |  |
| NAME & MAILING                                 | ADDRESS OF LAND      | XOWNER                               |   | PUMP DATA                     |  |  |  |  |  |  |
| Kobi -   | Kobe                 | AS                                   | PUMP TY   | PE (Circle One):              |  |  |  |  |  |  |
| Quail  | idae lo              | -22                                  | Submersible, Turbine, (Jet) Flowing Well                      |                               |  |  |  |  |  |  |
| Hurley   | M <                  |                                      | Other (Describe) POWER TYPE (Circle One):                     |                               |  |  |  |  |  |  |
| Latitude:                                      | ,——                  |                                      | Electric, Tractor, Diesel, Gasoline, Butane, Olher (Describe) |                               |  |  |  |  |  |  |
| Longitude:                                     |                      |                                      |   |                               |  |  |  |  |  |  |
| WELL LOCATION                                  | SEC T                | OWNSHIP RANGE                        | DESCRIPTIO  | ON OF FORMATIONS ENCOUNTERED  |  | TO   |  |  |  |  |
|  | 30                   | 4857                                 | TOP   | Soil                          |  | 1/0  |  |  |  |  |
| DISTANCE                                       | DIRECTIO             | N NEAREST TOWN                       | <u> بنات </u>   | 15                            | 10   | 25   |  |  |  |  |
|  | Miles W              | _ or Hurley                          | 0000  | Joand                         | 25   | 22   |  |  |  |  |
| OTHER LANDMAR                                  | iK .                 | Ellis Hamilton                       | <u> </u>  | <del> </del>                  | <del> </del> -                                   | <del>                                     </del> |  |  |  |  |
|  | <u> </u>             |                                      |   |                               |  |  |  |  |  |  |
| WELL PURPOSE                                   | lome. Prigation, Mun | nicipal, Industrial, Fish Pond, etc. |   |                               |  |  |  |  |  |  |
|  | MELL D               |                                      |   |                               |  |  |  |  |  |  |
| Well Depth                                     | WELL DA              |                                      |   |                               |  |  |  |  |  |  |
| 55   | 2 //                 |                                      |   |                               |  |  |  |  |  |  |
| Type of Casing                                 | Hole Depth           | Depth to Static Water Level          |   |                               | ļ  | ļ  |  |  |  |  |
| Plastic  | 551                  | 20'1                                 | <b> </b>  |                               |  |  |  |  |  |  |
|  | PLETION: (Circl      |                                      |   | DEACN/C                       |  |  |  |  |  |  |
| Cravel Packed,<br>Natural Develop              |                      | med, Telescoped, Den Hole, Other     |   | HEGEIVE                       | <del>                                     </del> |  |  |  |  |  |
| (Describe)                                     |                      |                                      |   | FFD 4.0.000                   |  |  |  |  |  |  |
| WELL GROUT                                     | ED TO A DEP          | THOF 15 FEET                         |   | 1 EB 1 8 2004                 |  |  |  |  |  |  |
| Type Grout (cir                                | cle one): Cem        | ent, Bentonite, or Mix               |   |                               | _  |  |  |  |  |  |
|  | SCREEN D             | )ATA                                 |   | BA: OTM                       | <b>n</b>   | ļ  |  |  |  |  |
| Diameter - Inches                              | Length - Feet        | Slot Size - Inches                   |   | ···                           |  |  |  |  |  |  |
| 2"   | 15'                  | 006                                  | <b>\</b>  |                               | i !  | l  |  |  |  |  |
| Screen Type                                    | •                    | Depth to Bottom - Feet               | Top of La   | p Pipe or Reduction in Casing |  |  |  |  |  |  |
| Plast  | <u>-10</u>           | 55'                                  | 10  | FEET ONE SCREEN: USE          | THURS IN   | N  |  |  |  |  |
|  |                      |                                      | <u>'</u>  | FEET ONE SCREEN: USE          | IACK PAGE  |  |  |  |  |  |
| I certify that                                 | the well was         | drilled, constructed a               | nd complet  | ed in accordance with all     | applica  | ble  |  |  |  |  |
|  |                      |                                      |   | ental Quality and/or the N    |  |  |  |  |  |  |
| Department                                     | of Health reg        | gulations and state law              | <b>7</b> S.   |                               |  |  |  |  |  |  |
| -1   |                      | ) <b>~</b>                           |   |                               |  |  |  |  |  |  |
| Mille  | DAI                  | 120 M291                             |   | 7-11-11                       | 1  |  |  |  |  |  |
| Signature of                                   | Licensed Dr          | iller and License No.                |   | Date Date                     | -  | -  |  |  |  |  |
| orknamie or                                    | Piccinga Di          | mot and Livelise 140.                |   | Date                          |  |  |  |  |  |  |
|  |                      |                                      |   |                               |  |  |  |  |  |  |

Additional Information Required On Back

|                                      | copes please<br>show depths. |  |                   |             |          |         |             |  |  |
|--------------------------------------|------------------------------|--|-------------------|-------------|----------|---------|-------------|--|--|
| GROUND LEVEL                         |                              | 4  |                   |             |          |         |             |  |  |
|                                      |                              |  |                   | SECTION _   |          | -       |             |  |  |
|                                      |                              | PUMF<br>Wel  |                   | No. of Stag |          | g Depth | 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               |                   |             |          |         |             |  |  |
|                                      |                              | Subs.  | SWL<br>'s Remarks | Cate        | Analysis | ^~      | quiter Test |  |  |
| If more than one<br>show location of |                              |  |                   |             |          |         |             |  |  |