COUNTY WELL LO	CATED			MIS	SISSIPPI D	EPAR	TMENT O	F ENVIR	ONM	FNTAI
WELL NUMBER CODED PERMIT NUMBER					SISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY Office of Land and Water Resources					
J 2396						, Onic	e oi Lanu a	and wate	r He:	source
	1	AME OF	o III	hlu	well		laste	P. C	). Box	(1063
DATE WELL COME		,	Jacks WATER W	son, MS ELL DRI	LLEF	18 LOG				
NAME & MAILING ADDRESS OF ANDOWNER					PUMP DATA					
100	2 1	ar	ey	/	PUMP TY	PE (Circ	:le One):			
Din R. DA					Submersible, Turbine, Jet Flowing Well, Other (Describe)					
1/2	lean	4	M	1	POWER T Electric. Other (De	Tracto		Gasolir H/P _	7	Butane,
WELL LOCATION SEC TOWNSAIP RANGE					Pump Capaci	ty (GPM)	No. of Stages	Setting Dep		
4 6番8為						0	3			FT.
DISTANCE DIRECTION NEAREST TOWN					PUMP TEST					
OTHER LANDMARK					Well yielded GPM with					
					a drawdown of ft.					
WELL PURPOSE	lome frigation, Mu	inicipal, Indi	ıstrıal, Fish I	Pond, etc.	after			hours	of pur	mping
	WELL D	ATA			LOG DATA					
Well Depth	Well Depth Casing Diameter (In.) Casing Length (Ft.)					TYPE OF LOG RUN (Circle One): No Log Run. Electric, Gamma Ray, Density, Sonic Neutron.				
Type of Casing Hole Depth Depth to Static Water Level				Other (Describe)						
PVC 510 85'					Name of Organization Running Log					
TYPE OF COMPLETION: (Circle One or More):  Gravel Packed Underreamed, Telescoped,										
Natural Develor (Describe)	oment	Open Hol	e,	Other	GEOLOGIC DATA (Office Use Only)  Surface Elev. — Geologic Unit. Unit Thickness   Depth to Too					
17.00					DECENVED					
WELL GROUTED TO A DEPTH OF FEET Type Grout (circle one): Cement, Bentonilly, or Mix					Subs. SWL Quiter Test					
SCREEN DATA					Driller's Remark					
Diameter - Inches	Length - Feet	, s	tot Size - In	ches			DEC 16	<del>1994</del>		
<u>d</u>	10	L Doorth	.00	09	Top of Los	(Proph	D. W			
Screen Type  Depth to Bottom · Feet  Screen Type					Top of Landens Office Office of Control Office o					
Wra	pyeres	_ <u>_</u>	970	<u>.                                    </u>		FEE	ONE SCA	en deso	F1088	E
DESCRIPTION OF F	ORMATIONS ENC	OUNTERED	FROM	TO	FOR	MATIONS	(Continued)	FI	поя	TO
4010 3	ol I	en en	Q	2	<u></u>					
Bray Or	angli	lwtyp	42	45	<u> </u>		<del></del>			
Myelowy	ng sar	rd \	95	70			<del></del>		_	
Bluck	my 1		10	475						
TUNG-IIKE	ar sa	no	4/3	310					$\rightarrow$	
<del></del>		<del></del>			<u> </u>	_				
			-				<del> </del>			_
								<del>- +</del> -		
		-			<del></del>				$\dashv$	
					IF MORE SPAC	E IS NEED	ED. USE BACK			

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		ŧ.					
If well telescopes please sketch and show depths.	, ,						
Sketch and show depths.	·						
GROUND LEVEL							
	· <i>4</i>						
1	SECTION						
•	Please indicate well location X.						
	ADDITIONAL INFORMATION						
·							
•							
TOTAL MEDICAL STREET		_					
1891 6 1 0 1 1 1							
600 6 : 9 if	<u> </u>						
Security south a transfer							
Sto germ, with							
	<u> </u>						
:							
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	<u> </u>						
If more than one screen,							

show location of each on sketch.