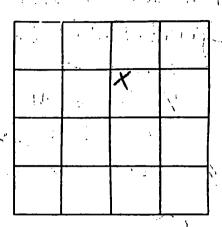
MIS MIS	SISSIPPI DEPARTMENT OF ENVIRONMENT
WELL NUMBER TO PERMIT NUMBER	QUALI Office of Land and Water Resource
DATEMELL COMPLETED	P. O. Box 106
DATEMELL COMPLETED	Jackson, MS 39289-06 WATER WELL DRILLERS LC
NAME & MAILING ADDRESS OF LANDOWNER	
Ogred, Robinson	PUMP DATA
	PUMP TYPE (Circle One): Submersible, Turbine, Flowing Wei
Richwood Rd.	Other (Describe) POWER TYPE (Circle One):
Latitude: Longitude: Vanclaure, Mo.	lectric Tractor, Diesel, Gasoline, Butane
Longitude: Vanclaure, 1760. WELL LOCATION SEC TOWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCOUNTERED FROM T
23 6 高 8 高	TOP SOLL) 0 6
DISTANCE DIRECTION NEAREST TOWN	mana clay 3/1
4 Miles WEST of VANclesce	Brown Coalse Sand 18 75
OTHERLANDMARK	Brewn rarser and 14017
WELL PURPOSE from Irrigation, Municipal, Industrial, Fish Pond, etc.	Blue Clay 178 18
	Gray Coarses Sand 1851 de
WELL DATA	
Well Depth / Casing Diameter (in.) Casing Length (FL)	
Type of Casing Hole Depth Depth to Static Water Level	
PW [200' 30'	
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Linderreamed, Telescoped.	
Natural Development Open Hole, Other (Describe)	RECEIVED
WELL GROUTED TO A DEPTH OF TO FEET	AUG 1 2 2000
Type Grout (circle one): Cement, Bentonite) or Mix	AUG 1 2 2002
SCREEN DATA	BY: OLWR
Diameter - Inches Length - Feet Slot Size - Inches	J. OLWI
000	
Scriptific Type DVC Depth to Bottom , Feet	Top of Lap Pipe or Reduction in Casing
100	FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE
I certify that the well was drilled, constructed as	nd 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	s.
0 1/11	-11
Jack Kit gold, 412	7/24/02
Signature of Licensed Driller and License No.	Date

If well telescopes please		
sketch and	show depths.	

GROUND LEVEL



Chic ici

SECTION 23
Please indicate well location X.

Pump Capacity (GPM) No. of Stages Setting Depth

FT.

PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft.

after _____ hours of pumping

LOG DATA

No Log Run.

Name of Organization Running Log

TYPE OF LOG RUN (Circle One):

Other (Describe)

GEOLOGIC DATA (Office Use Only)

Surface Elev. Geologic Unit Unit Thickness Depth to Top

Subs. SWL Date Analysis Aquifer Test

Driller's Remarks

Electric, Gamma Ray, Density, Sonic, Neutron.

If more than one screen, show location of each on sketch.