59	1400	VACUEDI E	COADTMENT OF TANK	DOM:						
COUNTY WELL LOCATED	MISS	SISSIPPI L	EPARTMENT OF ENVI		ALITY					
WELL NUMBER 37 CODED	PERMIT NUMBER		Office of Land and Water Resources							
	NAME OF DRILLING FIRM	~~~~	P.	O. Box 1	10631					
DATE WELL COMPLETED	nad werr		Jackson, M WATER WELL D	3 39289 RILLERS	-0631 LOG					
NAME & MAILING ADDRESS OF LAND	OWNER		PUMP DATA							
Donald Bosgrae	2	PUMP TY	PE (Circle One):							
Fair Point Rd J Caytier, MS		Submersible, Turbine, (let Flowing Well, Other (Describe)								
Latitude:		POWER TYPE (Circle One):  Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe)								
Longitude:			П/г							
WELL LOCATION. SEC TO	OWNSHIP RANGE	DESCRIPTIO	ON OF FORMATIONS ENCOUNTERED	FROM	10					
<u> </u>	6 (S) 7 (W)	(10)	5011	10	40					
DISTANCE DIRECTION	TIO	Sand	1	110	60					
OTHER LANDMARK	_ or <u>110</u>	May	ч	60	120					
OTHER EANDMARK		900	& Sand	120	165					
WELL PURPOSE Home, Isrigation, Muni	icipal, Industrial, Fish Pond, etc.									
WELL DA	TA			+-+						
Well Depth Casing Diameter (In	n.) Casing Length (Ft.)	-		+						
Type of Casing Hole Depth	Depth to Static Water Level									
plastic 155	30			-						
TYPE OF COMPLETION: (Circle Gravel Packed, Underrea										
Natural Development, O	pen Hole, Other									
(Describe)			RECEIVED							
WELL GROUTED TO A DEPT Type Grout (circle one): Ceme		-	0.0001	-						
SCREEN D			NOV 0 9 2004							
Diameter - Inches Length - Feet	Slot Size - Inches		BY: OLWE							
2" 10	006	<b>!</b>	211 0 2111	1 1	1					
Screen Type	Depth to Bottom · Feel	Top of La	p Pipe or Reduction in Casing		$\neg \neg$					
Plastic	155	FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE								
I certify that the well was Requirements of the Miss Department of Health reg	sissippi Department of	Environme								
michael Pres	10291		10-13-	-04						
Signature of Licensed Dri	iller and License No.		Date	0 1	-					
					i					

Additional Information Required On Back

If well telescopes please sketch and show depths.									
GROUND LEVEL	, A.								
		Pleas	SECTIO		ell location	n X.			
		Capacity (C	GPM) No. o	Stages	Setting Dep	Č)	FT.		
	Well yielded GPM wittle a drawdown of ff								
	afte	after/ hours of pumping							
	TYPE OF LOG RUN (Circle One): No Log Rur Electric, Gamma Ray, Density, Sonic, Neutror Other (Describe)  Name of Organization Running Log								
	GEOLOGIC DATA (Office Use Only)								
		SEUL(	Geologic U		UTTICE US	Depth			
	Subs.	SWL.	Date	^	nalysis	Aquife	Test		
	Dritter	Driller's Remarks							
	<b> </b>								
If more than one screen, show location of each on sketch.									