

COUNTY WELL LOCATED  
*Lawrence*  
WELL NUMBER  
*H-212* CODED  
DATE WELL COMPLETED  
*1-13-03*

PERMIT NUMBER  
NAME OF DRILLING FIRM  
*J+S Water Well*

### MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER  
*Ernie Fontenberry*  
*3072 Mo Hull 43-A*  
Latitude: *Silvercreek Ms 39663*  
Longitude: *Silvercreek Ms 39663*  
WELL LOCATION: SEC *28* TOWNSHIP *7* RANGE *20*  
DISTANCE *7* Miles DIRECTION *E* of NEAREST TOWN *Martinsdale*  
OTHER LANDMARK  
WELL PURPOSE:  Home,  Irrigation,  Municipal,  Industrial,  Fish Pond, etc.

WELL DATA  
Well Depth *165* Casing Diameter (In.) *4* Casing Length (Ft.) *145*  
Type of Casing *sch 40* Hole Depth *165* Depth to Static Water Level  
TYPE OF COMPLETION: (Circle One or More):  
 Gravel Packed,  Underreamed,  Telescoped,  
 Natural Development,  Open Hole,  Other  
(Describe)  
WELL GROUTED TO A DEPTH OF *7* FEET  
Type Grout (circle one):  Cement,  Bentonite, or  Mix  
SCREEN DATA  
Diameter - Inches *4* Length - Feet *20* Slot Size - Inches *8*  
Screen Type *sch 40* Depth to Bottom - Feet

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="radio"/> Submersible, <input type="radio"/> Turbine, <input type="radio"/> Jet <input type="radio"/> Flowing Well, Other (Describe)		
POWER TYPE (Circle One): <input checked="" type="radio"/> Electric, <input type="radio"/> Tractor, <input type="radio"/> Diesel, <input type="radio"/> Gasoline, <input type="radio"/> Butane, Other (Describe) H/P		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>40</i>
<i>Sand + Gravel</i>	<i>40</i>	<i>165</i>
RECEIVED FEB 13 2003 BY: CLVWR		
Top of Lap Pipe or Reduction in Casing FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

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.

*Anna's Boone 0-514*  
Signature of Licensed Driller and License No.

*1-13-03*  
Date

Additional Information Required On Back