Communication			MIS	:ei	SSIDDI N	EPARTMENT OF ENVIR		NTA I	
LINCO!	a 1						QU	ALITY	
WELL NUMBER	CODED	PERMIT NUMBER			`	Office of Land and Wat	er Resc	ources	
NAME OF DRILLING FIRM				•		P) Box	10631	
DATE WELL COMPLETED Grenn Water				<u>/4</u>	P. O. Box 10631 Jackson, MS 39289-0631				
7/9/04 4 Supply , I				n	c^{i}	WATER WELL DR	ILLERS	LOG	
NAME & MAILING ADDRESS OF LANDOWNER						PUMP DATA			
Grant Prestridge					DUMB TV				
- ' ' '					PUMP TYPE (Circle One): Submersible Turbine, Jet Flowing Well,				
1996 NormanTr. Brookhaves					Other (De		·		
Latitude:						YPE (Circle One): Tractor, Diesel, Gasol	ineB	utane	
Longitude:					Other (Describe) Diesel, Gasoline, Butane,				
WELL LOCATION	SEC	TOWNSHIP	RANGE	Ì	DESCRIPTIO	N OF FORMATIONS ENCOUNTERED	FROM	то	
	25	7	(v) / (E)		red a	clar .	0	12	
DISTANCE DIRECTION NEAREST TOWN					Strea	Ly-clay/sand	16	80	
7 Miles SW on Brookhaven					sano		50	125	
OTHER LANDMARK					Whit	eclay	128	134	
								ļ	
WELL PURPOSE	iome, Irrigation, Mi	unicipal, Indi	ustrial, Fish Pond, etc.		·			}	
								 	
	WELL D								
Well Depth	Casing Diameter	(In.)	Casing Length (Ft.)					ļ	
128	4		118			The mater of a Paris of	200	ļ —	
Type of Casing	Hole Depth		Static Water Level	İ		MECEIVE	<u> </u>		
TVZ	134		<u>₹</u>			3 4 - - - - - - - - - -			
TYPE OF COMPLETION: (Circle One or More): Gravel Packed Underreamed, Telescoped,						AUG 0 4 2004			
Natural Development, Open Hole, Other									
(Describe)							<u> </u>	ļ	
WELL GROUTED TO A DEPTH OF FEET Type Grout (circle one): Cement, Bentonite, or Wix								 -	
Type Grout (cit	rcie one): Cer	nent, Ber	itonite, or wix						
	SCREEN	DATA						 -	
Diameter - Inches	Length - Feet		Slot Size - Inches					 -	
4	10		.010					i	
Screen Type		1 .	to Bottom - Feet		Top of La	p Pipe or Reduction in Casing			
PVC			28			FEET ONE SCREEN: USE E			
	·								
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 re	gulation	ns and state lav	vs.					
^ .	_	,							
Kring Mª Chardon 664 7/9/01									
Signature of Licensed Driller and License No. Date									
~~~~~~~~ O						/			

Additional Information Required On Back

If well telescopes please sketch and show depths.	_					
	1					
GROUND LEVEL	X					
,						
	SECTION 25 Please indicate well location X.					
	Pump Capacity (GPM) No. of Stages Setting Depth					
ļ	10 9 75 FT.					
	Well yielded GPM with a drawdown of 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)					
1.	GEOLOGIC DATA (Office Use Only) Surface Elev. Geologic Unit Unit Thickness Depth to Top					
İ	Subs. SWL Date Analysis Aquifer Test					
	Driller's Remarks					
1						
If more than one screen, show location of each on sketch.						