COUNTY WELL LO	OCATED DIAS		MIS	SI	SSIPPI C	DEPARTMENT OF ENVI		ENTAL JALITY
WELL NUMBER	CODED	PERMIT	NUMBER			Office of Land and Wa		
3422	/8	NAME O	OF DRILLING FIRM	_	!			
17-M	l	Ear		h	kwell		O. Box	
	7-03	Z		<u></u>	Suci	Jackson, M WATER WELL D	3 3928: RILLER	9-0631 S LO€
NAME & MAILING	ADDRESS OF LAND	OWNER	, 1/2		·	PUMP DATA		
Jimm	10 K.	w	hite R DR. NE	i '		YPE (Circle One):		····
2500	Pain R	?ve	R DR. NE		Submersil Other (De	ible Turbine, Jet escribe)	Flowin	ng Well,
Latitude:	Man Al-	1111	27401	()	POWER T	TYPE (Circle One): Tractor, Diesel, Gasc		
Latitude: Longitude:				_i 1	Other (De	onoriha)	,	Butane,
WELL LOCATION.	I. SEC TO	KICHI	2006	, ,	1			
WELL LOUATION.	'SEC 1.	OWNSHIF	P RANGE E	. 1	DESCHIFTIO	ON OF FORMATIONS ENCOUNTERED		I TO
Ĺ <u></u>	22_	<u>7 m</u>	_s <u>-9</u> <u>&</u> w	1	<u> </u>	137	10	1/0
DISTANCE	DIRECTION	A	NEAREST TOWN	,]	1	3.00	110	115
	Miles	of		, 1	1 6	134	115	230
OTHER LANDMAR				.]	<u> </u>	and	230	250
				1		Clay	200	270
WELL PURPOSE	fome Irrigation, Mun	iicipal, Inc	dustrial, Fish Pond, etc.	, }			4	+
				. }	 		+	-
Well Depth	WELL DA		Casing Length (Fl.)	. }			+	-
_ ' _	Casing Diamoto, 1	1.)	1 1	.	·		 	
JSTO			230	.	ī —		1	
Type of Casing	270	·	Static Water Level		<u> </u>		 	-
	IPLETION: (Circle			t			+	
Gravel Packed, Natural Develor	, Underrea pment, O	amed, Open Ho	Telescoped, ole, Other	ı	<i></i>		+	
(Describe)		pe		.		· · · · · · · · · · · · · · · · · · ·	+	1
WELL GROUT	TED TO A DEPT	7105	/- 'EEET	1	Γ	בוווס בופי	1	+
	rcle one): Ceme			1	<i></i>	RECEIVE		+
type Cicci,	<u>_</u>		MOING, O. 1487	1	r		 	
	SCREEN D			ł	r		,	
Diameter - Inches			Stot Size - Inches	ŀ	ſ 		 	
Screen Type	20		h to Bottom · Feet	1	Topolla	BY: OIW	<u> </u>	1
Di/C	-	1	A to Bottom - Feet	. 1	l Op or La,	p Pipe or Reduction in Casing		
<i>8 v</i> <u></u>	<u>ر</u>	هـــــــــــــــــــــــــــــــــــــ	230	1	1	FEET IF TELESCOPED OF ONE SCREEN: USE	MORE THE	AN
		anna Sie a		-			Dr.C	
I certify that	the well was	drille	d constructed a	and	complet	ted in accordance with al	1 annlic	ahle
						ental Quality and/or the		
			ons and state laws			Min. 4	· VAAV	PP-
	U1 AA	WAL. .	illo manor	٠.	•			
a	∞					• •	•-	
Lana	8.3	10	510		*	12-27-	-03	
Signature of	Tlicensed Dr	iller a	nd License No.			<u>/2 -27-</u> Date		_
M.6	7.00	1	Ne system.				٠	i
	•	ŧ						-
			Additional Inf	or	mation R	Required On Back		

If well teles sketch and	copes please show depths.									
GROUND LEVEL										
			SECTION Please indicate well location X.							
		Pump	Capacity	(GPM)	No. of Sta	iges	Setting D	epth	FT.	
		We a dr	Well yielded GPM with a drawdown of ft after hours of pumping							
		TYPE	OFLO	L(GRUN	OG DA	TA				
		Name	of Organi	zation Ru	inning Log					
			SEOL	ogic	DATA	(0)	fice U	se Only	<u>')</u>	
	· .	Surface	Elev.	Geolo	gic Unit	Unit	Thickness	Depth to		
		Subs. S	Remarks	Date		Anal	ysis	Aquifer	Test	
ı										
If more than one scr show location of ear									_	