COUNTYWELLLOCATED	MISSISSIPPI DEPARTMENT OF ENVIRONMENTA						
marghall	QUALIT						
WELL NUMBER CODED PERMIT NUMBER	Office of Land and Water Resource						
H-150 NAME OF DRILLING FIRM	P. O. Box 1063						
DATE WELL COMPLETED MOSON water	Jackson, MS 39289-063						
9-18-04	WATER WELL DRILLERS LOC						
NAME & MAILING ADDRESS OF LANDOWNER Dar Alexander	PUMP DATA						
364 Hillusew circle.							
Byhalia Ms. 38611	Submersible, Turbine, Jet Flowing Well, Other (Describe)						
Latitude:	POWER TYPE (Circle One): (Electric,) Tractor, Diesel, Gasoline, Butane.						
Longitude:	Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe)						
WELL LOCATION SEC TOWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO						
	E clay dict 0 10						
DISTANCE DIRECTION NEAREST TOWN	<del></del>						
1/2 . NO.	Con. 21 20 25						
OTHER LANDMARK	- white clay 35 30						
	while soud 50 95						
WELL PURPOSE; Home, Irrigation, Municipal, Industrial, Fish Pond, e	etc.						
	····						
WELL DATA							
Well Depth Casing Diameter (In.) Casing Length (F	F(.)						
95' 4" 85'							
Type of Casing Hole Depth Depth to Static Water Level	DECEIVED						
puc 95' 25'							
TYPE OF COMPLETION: (Circle One or More):  Gravel Packed, Underreamed, Telescoped	MAR 0 3 2004						
Natural Development, Open Hole, Other	ar ZUUS						
(Describe)	BY: OLWA						
WELL GROUPED TO A DEPTH OF PEET							
Type Grout (circle one): Cement, Bentonite, or Mix							
SCREEN DATA							
Diameter - Inches   Length - Feet   Slot Size - Inches	<b>¬</b>						
4"   10"   #10	. 1 1						
Screen Type Depth to Bottom - Feel	Top of Lap Pipe or Reduction in Casing						
PUC 95'	FEET ONE SCREEN: USE BACK PAGE						
	FEET ONE SCREEN: USE BACK PAGE						
	ed and completed in accordance with all applicable at of Environmental Quality and/or the Mississippi						
Department of Health regulations and state							
Department of Health logulations and same	14 4 3 .						
$\wedge$							
you w. Masn. O-C	3-19-04						
Signature of Licensed Driller and License No.  Date							
-1							

Additional Information Required On Back

If well telesco sketch and sh								
GROUND LEVEL	PUMP Well a dr afte  TYPE Elect Othe Name ( Surface Subs.)	Capacity (C 1 S PTEST  I yielder awdow  r  EOFLOC ric, Ga r (Descri	ee incorporation of Line and L	OG DA N (Circle I Ray, ( Intuning Log C DATA ogic Unit	Well I	hour (	GPN s of put No Lo Onic, N	og Ruston
If more than one scr show location of each								