0-0015	, och				
Capty werd ocars Mis	SSISSIPPI DEPARTMENT OF ENVIRONMENTAL				
Wesheba	DAMENTAL TO THE STATE OF THE ST				
WELL NUMBER CODED PERMIT NUMBER	Office of Land and Water Resources				
WW 605 000 1 110 5 100	· · · · · · · · · · · · · · · · · · ·				
Medical Ungfirm	P. O. Box 10631				
DATE WELL COMPLETED	Odckson, NO 39209-0031				
10-6-01 MENSINAN	WATER WELL DRILLERS LOG				
NAME & MAILING ADDRESS OF LANDOWNER	PÙMP DATA				
Johnny Gonforth	PUMP TYPE (Cycle One):				
11071 00 500	Submersible Turbine, Jet Flowing Well, Other (Describe)				
110114.02 298	POWER TYPE (Circle One):				
Latitude:	Electric Tractor, Diesel, Gasoline, Butane,				
Longitude: Wion	Other (Describe) H/P				
WELL LOCATION SEC TOWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO				
16 9 43 4	CA, 023				
DISTANCE DIRECTION NEARIST TOWN	SANDY CLAY 23 50				
A Miles E of House					
OTHER LANDMARK	24ND, White 50 120				
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.	Shale Nock ST 12015				
WELL DATA					
Well Depth Casing Diameter (In.) Casing Length (FL)					
150 4 130					
Type of Casing Hole Depth Depth to Static Water-Level					
DIT KD 40					
IXPE OF COMPLETION: (Circle One or More):	HECEIVED -				
Gravel Packed, Underreamed, Telescoped,					
Natural Development, Open Hole, Other (Describe)	0CT 1 0 200b				
WELL GROUTED TO A DEPTH OF <u>O</u> FEET	HEY: OF WELL				
Type Grout (circle one): Cement, Bentonite, or Mix					
SCREEN DATA					
Diameter - Inches Length - Feet Stot Size - Inches					
4 20 12	. 1 1				
Screen Type Depth to Bottom - Feet	Top of Lap Pipe or Reduction in Casing				
SAWED PUC 120	IF TELESCOPED OR MORE THAN				
	FEET ONE SCREEN: USE BACK PAGE				
Y					
I certify that the well was drilled, constructed a	and completed in accordance with all applicable				
Department of Health regulations and state law	of Environmental Quality and/or the Mississippi				
Department of regulations and state law	10.				
1/2 - 1/1 = ===============================	10 0 - A				
1111 (ld, 1 = 0 - 8	10/4-17				
Signature of Licensed Driller and License No.	Date				
Differente of Dicomor Diffict and Dicomo 140.	* 240				

Additional Information Required On Back

If well telescopes please sketch and show depths.										
GROUND LEVEL										
	Pump (SECTION Please indicate w Pump Capacity (GPM) No. of Stage				vell location X.				
	Wel	Well yielded GPM wit								
	afterLOG DATA TYPE OF LOG RUN (Circle Or									
			No Log Run, Sonic, Neutron,							
		GEOLOGIC DATA (Office Use Only) surface Elev. Geologic Unit Unit Thickness Depth to Top								
	Subs.	SWL	Date		Ana	lysis	Aquife			
	Dritter	's Remarks								
If more than one screen, show location of each on sketch.										