Danger		•					
COUNTY WELL LOCATED MIS	SISSIPPI [EPARTMENT OF ENVI					
WELL NUMBER CODED PERMIT NUMBER		Office of Land and Wat	er Reso	ALITY ources			
R-95 NAME OF DRILLING FIRM			O. Box				
DATE WELL COMPLETED DATE IN THE	DUI 11/4 SENO.		Jackson, MS 39289-0631 WATER WELL DRILLERS LOG				
NAME & MAILING ADDRESS OF LANDOWNER	PUMP DATA						
JAMU CANETEN	PUMP TYPE (Circle One):						
Suttern Homes	Submersible, Turbine, Jet Flowing Well, Other (Describe)						
14cy SAINS, MS	,	Other (Describe) POWER TYPE (Circle One):					
Latitude:	Electric	Electric Tractor, Diesel, Gasoline, Butan Other (Describe)					
Longitude:	1		79				
WELL LOCATION. SEC TOWNSHIP RANGE	DESCRIPTIO	N OF FORMATIONS ENCOUNTERED	FROM	TO			
<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(2)	10			
DISTANCE DIRECTION NEAREST TOWN	AEL	MA	10	30			
OTHER LANDMARK	1		/				
OTTERENIOMARK	NSD 9	SAME (STAYEL	38	40			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.							
tone	WHITE	ecity	40	82			
WELL DATA		· Olaf					
Well Depth Casing Diameter (In.) Casing Length (Ft.)	MALITA	500 + UM	83	(50			
123 4" 163	() \ (\) \ (\) \ \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ (\) \ \ \ (\) \ \ \ (\) \ \ \ (\) \ \ \ (\) \ \ \ \	~ < /	150	(77			
Type of Casing Hole Depth Depth to Static Water Level	10-11	5 DW	150	10			
PIC 173 1/0'	 						
TYPE OF COMPLETION: (Circlé One or More): Gravel Packed, Underreamed, Telescoped.							
Natural Development, Open Hole, Other							
(Describe) WASHED SAND		RECEIVED					
WELL GROUTED TO A DEPTH OF WFEET		V (L-)					
Type Grout (circle one): Cement, Bentonite, or Mix	ļ	FEB 0 6 2003					
SCREEN DATA							
Diameter - Inches Length - Feet Stot Size - Inches	<u> </u>	BA: OF MU					
Ga 10 147005	_			ı			
Screen Type Depth to Bottom - Feel	Top of La	Top of Lap Pipe or Reduction in Casing					
ph 1/23	ĺ	FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE					
	·	· · · · · · · · · · · · · · · · · · ·	ACKFAGE				
I certify that the well was drilled, constructed ar	nd complet	ed in accordance with all	applica	ble			
Requirements of the Mississippi Department of							
Department of Health regulations and state laws	S						
\mathcal{O}_{i}							
1/1/A 0-608	•	-/-0	3				
Signature of Licensed Driller and License No.		Data		-			
Anguantic of Electrica Diffici and License 140.		Date		I			
				·			

Additional Information Required On Back

If well telesc sketch and s	copes please show depths.							
GROUND LEVEL	*		·					
						·		
					1			
		SECTION 2-33 Please indicate well location X.						
			Capacity (G	iPM) No. o		Setting Dep		FT.
		Well yieldedGPM				f with		
·		a drawdown of f after hours of pumpin						ft. nping
		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 Use Only)						
			e Elev.	Geologic U		nit Thickness	T	to Top
		Subs.	SWL	Date	A	nalysis	Aquife	r Test
		Driller's Remarks						
l								
If more than one s								