Load Kulor									
WELL NUMBER CODED PERMIT NUMBER	Office of Land and Water Resources								
NAME OF PRILLING FIRM	T 00 Pov 10631								
DATE WELL COMPLETED JAS WATER (P. O. Box 10631 Jackson, MS 39289-0631								
<u> </u>	WATER WELL DRILLERS LOG								
NAME & MAILING ADDRESS OF LANDOWNER	PUMP DATA								
RUGOT TUQUE	PUMP TYPE (Circle One):								
354 Wayne Pandue Rd.	Submersible, Turbine, Jet Flowing Well, Other (Describe)								
Latitude: Humburton, M5. 55 Longitude: Do Marilla MS 304400	POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe)								
TOP TOTO COUNTY TO THE SECOND COUNTY	H/P								
WELL LOCATION. SEC TOWNSHIP RANGE	DESCRIPTION OF FORMATIONS ENCOUNTERED FROM TO								
<u> </u>) Way but 10 20								
DISTANCE DIRECTION NEAREST TOWN OF PODUMUS A	200 400								
OTHER LANDMARK									
WELL PURPOSE: fome, frigation, Municipal, Industrial, Fish Pond, etc.									
WELL DATA Well Depth Casing Diameter (In.) Casing Length (Fi.)									
Well Depth Casing Diameter (In.) Casing Length (FL)									
200 T Q TU	CEIVED								
Type of Casing Hole Depth Depth to Static Water Level	REULIVE								
OCH GO CONTRICTION (Circle One or March)	4 3 2003								
TYPE-OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped,	EEB 1.3 2000								
Natural Development, Open Hole, Other	OIME!								
(Describe)	BY. OLIV								
WELL GROUTED TO A DEPTH OF FEET									
Type Grout (circle one), Cement, Bentonite, or Mix									
SCREEN DATA									
Diameter - Inches Length - Feet Stot Size - Inches									
4 1 20 18 1	! ! !								
Screen Type Depth to Bottom - Feet	Top of Lap Pipe or Reduction in Casing								
Schull 1	IF TELESCOPED OR MORE THAN								
	FEET ONE SCREEN: USE BACK PAGE								
- 4 4 4 4 4									
I certify that the well was drilled, constructed a	nd completed in accordance with all applicable								
Requirements of the Mississippi Department of									
Department of Health regulations and state law	S.								
	,								
10 12 Rouge 0-514	1-01-03								
Signature of Licensed Driller and License No.	Date								
Signature of Licensed Diffici and License 140.	Date								
Additional Information Required On Back									

if well teles sketch and	copes please show depths.								
GROUND LEVEL		PUMP Well a dr afte TYPE Elect Othel Name C Surfac Subs.:	TEST I yielde awdow r	ed	OG DA	TA One Densi	hours	GPN of pur No Lo	npin npin og Rur eutror
If more than one show location of									